

# **PERFORMANCE AND QUALITY IMPROVEMENT**

## **Quarterly Report**



**October 2017**

## INTRODUCTION

Welcome to MHCO's PQI Quarterly Report! This report is for all stakeholders including residents, personnel, community members, board members, donors, and any individual interested in the great work that we do. PQI – Performance and Quality Improvement – is an integral part of MHCO. We are open and willing for new opportunities to grow. We hope this report demonstrates our commitment to the residents we serve, our transparency for when things don't go as well as planned, and desire to receive feedback from others. If you have ideas on how this document can be improved, please let us know!

We seek to learn from our experiences and grow. As you read through this report, when you see progress that is not up to our expectations, there will always be a plan for how to address the challenge. Being able to take ownership of our shortcomings and work to improve them is an underlying philosophy of our organization.

Our outputs are simple numeric measurements of productivity. The outputs do not necessarily mean that the residents are achieving desired outcomes, but do mean that personnel provided a certain number of services to a certain number of people. You will notice that we use a simple icon system for our outputs:

A yellow sticky note means that still have work to do to meet reach the target.



A green arrow hitting the bullseye means we are at target or above.



Resident outcomes show sustainable change that demonstrates the interventions provided by MHCO work. Outcomes are measured over time. We are currently developing methods of tracking outcomes to identify any trends and determine ways to improve. Over the course of residency, it is our intention to increase life skills appropriate to each resident's development.

Additionally, resident records are reviewed quarterly to ensure that the records contain all required information to provide service. The record review is an opportunity to assess the quality of service delivery and ensure that confidential information remains confidential. The target for MHCO is 80% compliance for Direct Care and the Independent Living Program. Resident satisfaction is another very important to MHCO mission achievement and methods are being developed to determine satisfaction outcomes.

## OUTPUTS

### Goal 1

Develop and implement a community outreach element as part of the overall program of care that will promote social responsibility.



### Work in Progress

Staff and residents hosted and participated in Public Service Appreciation Day with approximately 40 public service members in attendance. MHCO provides space and resources for organizations such as Boy Scouts, Zumba, Yoga, Karate, and Masonic Lodges.

### Target

We are working to reach our target of 2 annual organization wide community service projects, monthly participation by at least 3 employees, and providing space and resources to 3 groups monthly.

### Plan

Approval and funding for the United Way Day of Caring outdoor classroom project will continue to be sought in the fourth quarter 2017.

### Work in Progress

A fire drill took place in Cobb with an average response time of 1 minute. Fire drills are conducted in residential buildings monthly. Cottages complete monthly fire drills during waking and sleeping hours.

### Goal 2

Maintain emergency notification, evacuation, and lockdown system to increase safety, security, and awareness.



### Target

We are working to reach our target of conducting 2 annual campus wide lockdown drills, 90% of personnel and residents receiving Code Red notifications within 3 minutes of launch, and activation of the emergency plan within 1 minute 40 seconds.

### Plan

A campus wide lockdown drill will take place in the fourth quarter 2017. Plans are in the works to make data collection from the Code Red notification system and other methods of drill notification more user friendly.

**Goal 3**

Improve in service and professional development of personnel.



**Work in Progress**

Training in Ethics, Professionalism, Employee Rights, and Conduct occurred in September for all staff. Additional hours of training were provided for Direct Care personnel in At Risk Behaviors and Interventions.

**Target**

We are well on the way to reaching our target of 1 monthly training from September to May.

**Plan**

Training in Bloodborne Pathogens, Receiving Gifts and Donations, Reporting Child Abuse, Effective Communication, and Essential Life Skills for Children are planned for the fourth quarter of 2017.

**Work in Progress**

The average time to correct issues was 0.3 days (compared to 0.2 days in the first quarter and 0.0 days in the second quarter 2017), reaching our target of ticket response time of less than 1 day. New computer set up and training of a new TenPlus employee may have contributed to increased time to correct issues. There was an average of 13 tickets submitted monthly (compared to 21 tickets submitted monthly in the first quarter and 12 in the second quarter 2017). An initial training based upon assessed IT needs was conducted.

**Goal 4**

Reduce the number of Information Technology service calls and time of corrective action to reduce downtime.



**Target**

We are well on the way to reaching our target of 10 or fewer computer tickets submitted monthly, 100% of tickets submitted within 1 day of the problem, and downtime for users of 2 days or less.

**Plan**

The IT Point of Contact has scheduled training to address needs file management, email system use, word processing, spreadsheet basics, and internet skills to minimize the number of tickets submitted, increase computer use competency, and minimize downtime in the fourth quarter 2017.

**Goal 5**

Increase census (Direct Care and Independent Living Program) to meet licensed residential capacity.

**Work in Progress**

The average number of residents in both Direct Care and Independent Living Program was 60 (compared to 62 in the first quarter and 58 in the second quarter 2017).

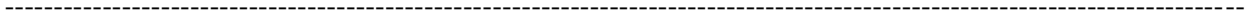


**Target**

We are well on the way to reaching our target of an average of 64 residents in care with 85% of graduating Direct Care residents admitted to the Independent Living Program.

**Plan**

One CCW couple was hired to meet future census needs. In the fourth quarter 2017, all cottages will be opened and staffed to accommodate new residents.



**DIRECT CARE**

**Goal 6**

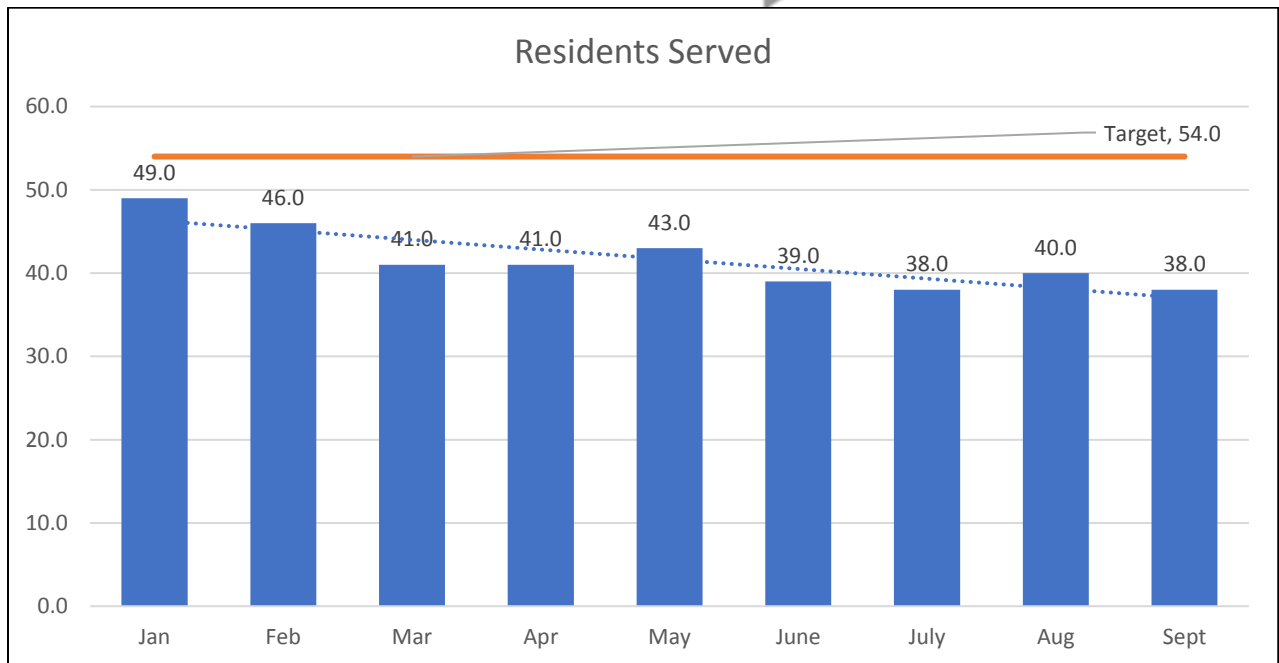
Increase census (Direct Care) to meet licensed residential capacity.

**Work in Progress**

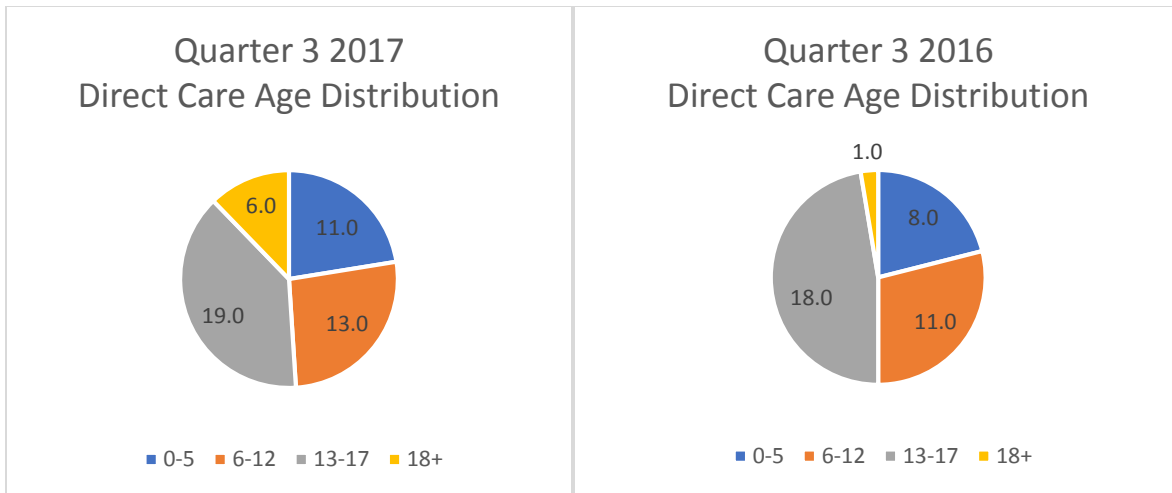
The average number of residents in Direct Care was 38 (compared to 45 in the first quarter and 41 in the second quarter 2017).

**Target**

We are well on the way to reaching our target of an average of 54 residents in Direct Care.



<i>Direct Care</i>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q3 2016</b>
<b>Residents Served (total)</b>	38.0	40.0	38.0	49.0 (avg)	41.0 (avg)	38.7 (avg)	41.0 (avg)
<b>Admissions (total)</b>	1.0	5.0	4.0	8.0	4.0	10.0	14.0
<b>Discharges (total)</b>	1.0	3.0	6.0	11.0	6.0	10.0	11.0
<b>Applications Received (total)</b>	5.0	6.0	6.0	5.0	8.0	17.0	9.0
<b>Applications Sent (total)</b>	4.0	8.0	4.0	9.0	6.0	16.0	10.0
<b>Number of Placement Calls (total)</b>	5.0	16.0	10.0	nd	nd	10.3 (avg)	nd
<b>Length of stay (avg)</b>	1030.0	890.9	845.6	971.7	1056.7	922.2	1144.0
<b>Deferrals (total)</b>	1.0	2.0	0.0	1.0	0.0	3.0	1.0



<i>Ethnicity and Gender</i>	July	Aug	Sept	Q1 2017 (%)	Q2 2017 (%)	Q3 2017 (%)	Q3 2016 (%)	Deferred	Discharged
<b>African-American (total)</b>	17.0	15.0	18.0	28.6%	38.3%	43.7%	36.8%	2.0	3.0
<b>Caucasian (total)</b>	14.0	18.0	15.0	39.4%	42.2%	42.2%	47.4%	1.0	5.0
<b>Hispanic (total)</b>	0.0	0.0	0.0	0.0%	0.0%	0.0%	0.0%	0.0	0.0
<b>Multi-Racial (total)</b>	7.0	7.0	5.0	26.5%	19.5%	19.5%	15.8%	0.0	2.0
<b>Male (total)</b>	20.0	22.0	22.0	55.1%	56.1%	56.1%	52.6%	1.0	5.0
<b>Female (total)</b>	18.0	18.0	16.0	40.8%	46.3%	46.3%	47.4%	2.0	5.0

<i>Custody</i>	July	Aug	Sept	Q1 2017 (%)	Q2 2017 (%)	Q3 2017 (%)	Q3 2016 (%)
<b>Parents</b>	34.0	34.0	33.0	77.6%	82.2%	86.8%	92.1%
<b>Self</b>	0.0	0.0	0.0	10.8%	8.0%	0.0%	2.6%
<b>DSS</b>	4.0	6.0	5.0	4.1%	9.8%	13.2%	5.3%

**Plan**

We are opening cottages and moving residents to accommodate Direct Care referrals. In the fourth quarter 2017, all cottages will be opened and staffed to accommodate new residents.

**Work in Progress**

Two resident workshops on eclipses and appreciation were conducted with an average attendance of 77.8% (compared to 87.9% in the first quarter and 50.0% in the second quarter 2017). Two Survival Skills Labs in car maintenance and basic cooking were conducted with an average of 19 residents in attendance (7 Direct Care and 12 Independent Living Program residents). Cultural Diversity Day focusing on Polynesian culture took place.

**Goal 7**

Conduct survey of resident needs and provide training addressing these needs by improving the ongoing education plan for residents.

**Plan**

Direct Care residents ages 10-15 years old will participate in the RJ Reynolds’ “Right Choices, Right Decisions” education in the fourth quarter 2017. Additional resident education workshops for the fourth quarter 2017 include “Gratitude and Being Thankful” and “Giving Back”.



**Target**

We are well on the way to reaching our target of 8 resident workshops conducted in 2017 to include cultural awareness training.

**Goal 8**

Identify residents struggling academically and take steps to remediate and be promoted to the next grade level.

**Work in Progress**

In 2017, 100% of eligible seniors successfully graduated. 92.5% of school aged residents that were in residency for the entire school year were promoted to the next grade level. Currently, all eligible residents (7 total) participate in GEMS. 100% of residents eligible for Academic Support are scheduled. During the summer, residents participated in Summer Academy and Summer Enrichment programs. Individual educational needs are monitored daily and adjusted as needed.



**Target**

We are on the way to reaching our targets of 95% of residents promoted to the next grade level with 90% maintaining 70% cumulative GPA or better, 100% GEMS participation by eligible residents, and 100% Academic Support attendance.

<i>Direct Care</i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>End of Grade English, Language Arts, Reading Achievement Level (total residents)</b>	1	4	0	4	0
<b>End of Grade Math Achievement Level (total residents)</b>	1	2	1	4	1

<i>Direct Care</i>	<b>Score</b>	<b>Avg Score Earned (school)</b>
<b>English I Total Number of Points Earned/Total Number of Points Possible (average non IEP residents)</b>	82.5%	78.8%
<b>World History Total Number of Points Earned/Total Number of Points Possible (average non IEP residents)</b>	68.1%	62.7%
<b>World History Total Number of Points Earned/Total Number of Points Possible (average IEP residents)</b>	36.1%	62.7%
<b>Earth and Environmental Science Total Number of Points Earned/Total Number of Points Possible (average non IEP residents)</b>	90.0%	88.1%
<b>American History Total Number of Points Earned/Total Number of Points Possible (average non IEP residents)</b>	31.6%	74.2%



**Plan**

Therapists were changed in the third quarter 2017 and all counseling appointments are now held evenings and weekends to minimize absences due to appointments. Medical appointments will be scheduled for after school and days out of school unless in an emergency. Pre-tests for skills have been administered to all school aged residents. Wellness time has been adjusted to work around Academic Support schedules. All residents have agendas with specific school information that must be signed and reviewed by the CCWs. Mandatory study time has been instituted in each cottage as part of the daily schedule. First quarter report card information will be reported in the fourth quarter 2017.

**Work in Progress**

High school seniors attended formalized career counseling to assist with future planning, applying for financial aid, and applying to colleges or specialized programs.

**Goal 9**

Inform and prepare residents in making appropriate decisions regarding post-secondary education and independent living plans.

**Target**

We are on the way to reaching our targets of graduating residents considering post-secondary education following graduation providing written plans 5 months prior to graduation and formal requests for consideration to transfer to the Independent Living Program 7 months prior to graduation.



**Plan**

Currently, there are two Direct Care seniors in high school. The high school seniors will be meeting with the Education Coordinator to complete FAFSA forms for post-secondary education in the fourth quarter 2017.

**Goal 10**

Employees accurately record medication administered to residents.

**Work in Progress**

The Campus Nurse has conducted spot checks of medications and administration records.



**Target**

We are well on our way to achieving our target of 100% of Child Care Workers administering medications prescribed and recording administration accurately.

<i>Direct Care</i>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q3 2016</b>
<b>Medical Illnesses (total illnesses)</b>	17.0	7.0	14.0	16.0 (avg)	25.0 (avg)	38.0 (avg)	14.0 (avg)
<b>Medical Appointments (total appointments)</b>	24.0	19.0	40.0	28.6 (avg)	25.3 (avg)	83.0 (avg)	16.0 (avg)
<b>Medication Administration Record Controlled (% signed off daily)</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Medication Administration Record Non-Controlled (% signed off daily)</b>	91.7%	100%	91.7%	96.7%	100.0%	94.5%	92.7%

**Plan**  
 Re-education training will be conducted for CCWs who fail to document medication administration correctly.

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<i>Direct Care Other Activities</i>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q3 2016</b>
<b>CFT Meetings (total meetings)</b>	0.0	3.0	2.0	5.0	8.0	5.0	nd
<b>Cottage Moves (total residents)</b>	7.0	0.0	8.0	5.0	12.0	15.0	2.0
<b>Wellness Participation (total residents)</b>	464.0	454.0	210.0	283.3 (avg)	334.0 (avg)	376.7 (avg)	nd
<b>Wellness activities (total)</b>	19.0	21.0	17.0	52.0	61.0	57.0	nd
<b>Wellness Average Participation (average residents per activity)</b>	24.4	21.7	12.4	16.7	16.4	19.5	nd
<b>Animal Assisted Therapy (total residents)</b>	12.0	12.0	12.0	16.7 (avg)	3.0 (avg)	12.0 (avg)	nd
<b>Church Service Attendance (total residents)</b>	99.0	87.0	98.0	125.7 (avg)	107.3 (avg)	94.7 (avg)	105.0 (avg)
<b>Eligible for Employment (total residents)</b>	5.0	6.0	6.0	11.7 (avg)	10.6 (avg)	5.7 (avg)	7.3 (avg)
<b>Employed (total residents)</b>	2.0	2.0	3.0	6.7 (avg)	6.0 (avg)	2.3 (avg)	9.0 (avg)

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## INDEPENDENT LIVING PROGRAM

### Goal 11

Increase census (Independent Living Program) to meet licensed residential capacity.

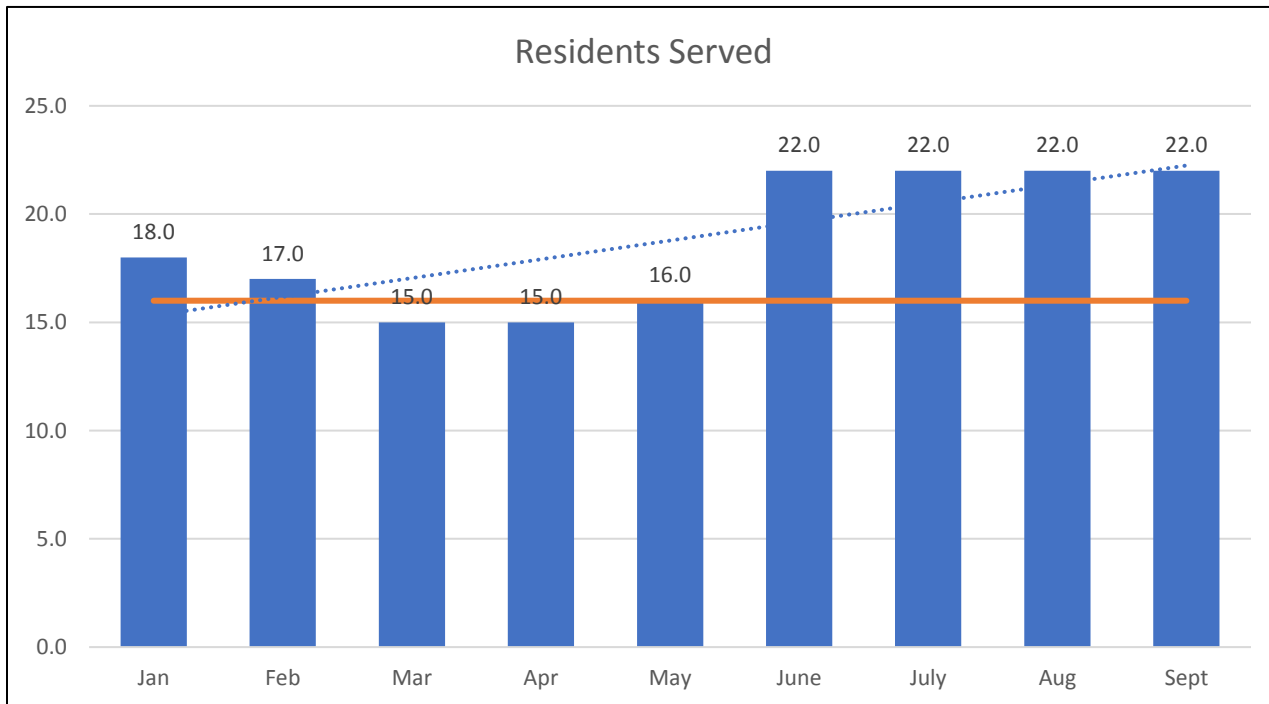


### On Target

The average number of residents in the Independent Living Program was 22.0 (compared to 18.0 in the first quarter and 17.7 in the second quarter 2017).

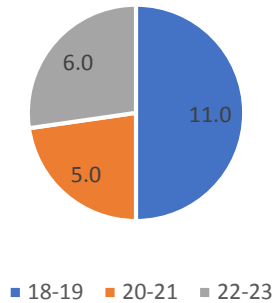
### Target

We are exceeding our target of an average of 16 residents (87% capacity).

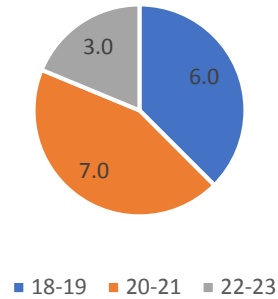


<i>Independent Living Program</i>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q3 2016</b>
<b>Residents Served (total)</b>	22.0	22.0	22.0	18.0 (avg)	17.7 (avg)	22.0 (avg)	19.0 (avg)
<b>Admissions (total residents)</b>	1.0	1.0	1.0	2.0	8.0	3.0	4.0
<b>Discharges (total residents)</b>	0.0	1.0	1.0	5.0	1.0	2.0	1.0
<b>Applications Received (total)</b>	0.0	1.0	2.0	9.0	5.0	3.0	3.0
<b>Deferrals (total residents)</b>	0.0	0.0	1.0	2.0	1.0	1.0	0.0

Quarter 3 2017  
Independent Living  
Program Age Distribution



Quarter 3 2016  
Independent Living Program  
Age Distribution



<i>Ethnicity and Gender</i>	July	Aug	Sept	Q1 2017 (%)	Q2 2017 (%)	Q3 2017 (%)	Q3 2016 (%)	Deferred	Discharged
<b>African-American (total)</b>	10.0	10.0	10.0	44.4%	50.8%	45.5%	43.8%	0	2.0
<b>Caucasian (total)</b>	10.0	10.0	10.0	33.3%	35.6%	45.5%	43.8%	1	0.0
<b>Hispanic (total)</b>	0.0	0.0	0.0	0.0%	0.0%	0.0%	0.0%	0	0.0
<b>Multi-Racial (total)</b>	2.0	2.0	2.0	9.4%	11.3%	9.1%	12.5%	0	0.0
<b>Male (total)</b>	12.0	11.0	12.0	44.4%	46.9%	53.2%	50.0%	1	1.0
<b>Female (total)</b>	10.0	11.0	10.0	55.6%	50.8%	46.8%	50.0%	0	1.0

**Goal 12**

Maintain participation in appropriate educational and vocational programs.

**Work in Progress**

All residents in the Independent Living Program are attending fall classes or programs.



**Target**

We are well on the way to reaching our target of 100% of residents participating in an approved educational program and employed or participating in an approved vocational program. All residents have been working with the Educational Coordinator and Vocational Counselor to overcome barriers to employment and education or training.

**Plan**

Residents will be meeting with the Educational Coordinator to complete FAFSA forms and register for Spring classes during the fourth quarter 2017.

<i>Independent Living Program</i>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q3 2016</b>
<b>College (%)</b>	86.4%	81.8%	81.8%	50.0%	66.1%	83.2%	nd
<b>GED (%)</b>	9.1%	9.1%	9.1%	5.5%	7.3%	9.1%	nd
<b>Eligible for Employment (total)</b>	22.0	21.0	22.0	16.3 (avg)	15.0 (avg)	21.7 (avg)	16.0 (avg)
<b>Employed (total)</b>	14.0	14.0	16.0	62.8%	62.1%	67.3%	85.4%

<i>Independent Living Program Other Activities</i>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>
<b>Survival Skills Lab attendance (% residents)</b>	45.0%	45.0%	64.0%	nd	45.5%	51.2%
<b>Transports given (total transports)</b>	213.0	202.0	214.0	144.0 (avg)	121.3 (avg)	209.7
<b>Residents with own car (total residents)</b>	8.0	7.0	8.0	8.0 (avg)	8.7 (avg)	7.7
<b>Wheels4Hope applications (total applications)</b>	0.0	0.0	0.0	1.0 (avg)	0.7 (avg)	0.0

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## COUNCIL ON ACCREDITATION FINAL ACCREDITATION REPORT

The Final Accreditation Report from the Council on Accreditation (COA) site visit was received and the scores and noted strengths were positive. We improved in scores from the 2013 accreditation cycle in the areas of Governance, Human Resources, Performance and Quality Improvement, and the Direct Care and Independent Living programs. We retained high scores in Financial Management, Administrative and Service Environment, Training and Supervision, and Ethical Practice. No areas were identified by COA for opportunities for growth. Areas identified by MHCO for improvement included strengthening Direct Care teams, revising the PQI process, and revising the on-call process. Our new accreditation cycle will end in a focused site visit by COA in 2021.

<i>Review Area</i>	<b>1 (# Full Implementation of Standards)</b>	<b>2 (# Substantial Implementation of Standards)</b>	<b>Rating Higher than 2013 (# Standards)</b>	<b>Rating Lower than 2013 (# Standards)</b>
<b>Ethical Practice</b>	15	0	0	0
<b>Financial Management</b>	28	0	0	0
<b>Governance</b>	31	0	1	0
<b>Human Resources</b>	33	2	7	1
<b>Performance and Quality Improvement</b>	22	10	8	3
<b>Risk Prevention and Management</b>	37	10	0	9
<b>Administrative and Service Environment</b>	29	0	0	0
<b>Behavior Support and Management</b>	29	4	0	4
<b>Client Rights</b>	15	2	0	2
<b>Training and Supervision</b>	23	0	0	0
<b>Group Living Standards</b>	111	8	2	6
<b>Youth Independent Living</b>	56	8	5	7

The following comments were given on the Final Accreditation Report by COA per review area:

**Ethical Practice-** “The Masonic Home for Children has earned and sustained the trust of the greater community, external and internal stakeholders, alumni, staff, and residents, through honest, transparent and responsible transactions, partnerships and relationships.”

**Financial Management-** “The Masonic Home for Children’s financial accountability and viability are achieved through the application of sound financial management practices, as zero based budget, conservative projections, and historical budget analysis in accordance with legal and regulatory requirements and practices that exceed best practice standards.”

**Governance-** “The Masonic Home for Children engages in outstanding and sound governance practices that address and focus on the organization’s mission, values, leadership, and serve as the cornerstone for the organization’s sustainability and viability for over 140 years.”

**Human Resources-** “The organization’s human resources and management practices seek to develop and implement strategies, plans and programs that recruit, motivate, reward and retain the best employees and assist in acquiring the most stable workforce that ultimately will meet the mission and objectives for a caring and successful service delivery of custodial care.”

**Performance and Quality Improvement-** “The organization recognizes the value of an effective PQI process and demonstrates a culture of quality improvement throughout the organization. Staff at all levels are involved in the PQI process and serve on committees and sub-committees that work to develop and review outcomes, and measure program service delivery effectiveness as well as stakeholder satisfaction.”

Risk Prevention and Management- “The organization puts a strong emphasis on risk management and prevention. Staff at all levels are involved in the process and have developed a comprehensive approach to the organization to keep the staff and the clients safe. Case records and electronic information is kept secure. Medications and first aid supplies were organized and locked in medicine cabinet.”

Administrative and Service Environment- “The Masonic Home for Children’s administrative and service environments are safe, respectful, accessible and contribute to the organization’s mission and values to produce an effective and nurturing delivery of services.”

Behavior Support and Management- “Restrictive behavior interventions are used as a last resort and only when needed. Direct care staff are trained annually in non-violent crisis interventions and utilize their skills in de-escalation when behavior management issues arise.”

Client Rights- “The well-being of the residents are first and foremost at this organization. They are treated with respect and compassion from all levels of staff. Each resident is an integral part of their plan, growth, and choices. Feedback from internal and external stakeholders give a very positive report regarding the respect and dignity of the staff and organization. Client Rights are posted throughout the lobby areas as well as in each of the cottages on campus and signed client right’s forms are maintained in case records.”

Training and Supervision- “The Masonic Home for Children maintains an exemplary training and supervision program that serves to develop new employees and provide ongoing development, supervision, and support to retain the highest quality and competent workforce, capable of meeting the organization’s objectives.”

Group Living Standards- “The organization provides timely assessments and develops service plans that are individualized to each resident’s needs. The service plans include participation and input from the youth and the youth’s family. Permanency planning begins at intake and discussed with all parties involved. The organization also puts a lot of emphasis on their educational commitment to the youth that they serve.”

Youth Independent Living- “The organization has put a great deal of effort into developing effective policies and procedures in the growth of their ILP program. The residents in the program are provided with a safe and nurturing living environment. Quality services and supports are provided as well as an emphasis on school and work to help guide the youth to their independence.”

## **FILE REVIEW RESULTS**

During the third quarter of 2017, 16 open and 12 closed Direct Care files (47.5% of all current and recently discharged residents) were reviewed. For 2017 as a whole, 67.8% of all open and recently discharged resident case files have been reviewed. Approximately 25% of all reviewed files in 2017 needed no corrective action.

During the third quarter of 2017, 9 open and 3 closed ILP files (42.9% of all current and recently discharged residents) were reviewed. For 2017 as a whole, 71.4% of all open and recently discharged resident case files have been reviewed. Approximately 25% of all reviewed files in 2017 needed no corrective action.

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## **IMPROVEMENT PLANS**

During the first quarter of 2017, an improvement plan was implemented to address inconsistent methods of reporting incidents. A PQI report form and review process by the PQI Subcommittee to process incidents was developed and has been implemented. The PQI Subcommittee has gathered recommendations for improving the process of incident review and prevention of incidents and is being refined. The improvement plan is on target.

A new improvement plan has been created to include resident outcome development. The PQI Director has participated in discussions with other children's residential facilities in NC through Benchmarks to collect similar outcome data utilizing common, validated instruments. More information concerning resident outcome data collection is forthcoming.

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## **FUTURE PLANS**

We hope you found the information contained in this report helpful. For our next report, we would like to be able to report on the following items:

- More inclusive output data from MHCO operations
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## **CONTACT US!**

If you have any feedback, questions, or comments about this report, please contact the PQI Director via email or phone:

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