



# CQI Year-End Report

## 2017

This report contains progress on the goals established for the continuous quality improvement (CQI) process as well as feedback on the various quality initiatives the agency established. Questions concerning this report should be directed to Lara Hewson, Director of Quality & Education at [LHewson@highfields.org](mailto:LHewson@highfields.org)

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# CQI Year-End Report

2017

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## Highfields Mission

To provide opportunities to children, youth and families to become more responsible for their own lives and to strengthen their relationships with others

## CQI Process and Purpose

CQI is an essential part of Highfields services. As an organization, Highfields highly values employee and stakeholder involvement in carrying out the agency's mission, vision, goals, and desired outcomes. Highfields is committed to adhering to all expectations of its quality improvement plan. This includes adherence to the rules, expectations and guidelines of State of Michigan licensing standards, Council on Accreditation standards, Michigan Department of Health and Human Services, corporate compliance regulations, and privacy and security guidelines.

The CQI Committee, led by the Director of Quality & Education, oversees the agency's quality initiatives and meets on a quarterly basis. The CQI Committee is

### *CQI Committee Meetings*

January 12, 2017

April 20, 2017

July 20, 2017

October 19, 2017

comprised of representatives from many Highfields divisions and leadership. These include Residential Services, Community Services, Administrative Services, President/CEO, and Vice President.

This report covers calendar year 2017 and provides an overview of the activities of CQI initiatives and the agency.

### The purpose of the CQI process is:

1. To insure the highest level of quality service provision to all clients.
2. To monitor critical points of the organization's service delivery.
3. To detect any areas of concern that should be addressed.
4. To oversee corrective action plans to ensure identified areas of need are addressed.
5. To oversee the change process to prevent reoccurrence of identified problems.
6. To effect systemic change where needed in response to identified concerns.

## CQI Goals

### Goals for 2017

1. Continue to monitor progress of Five Year Strategic Plan.
2. Monitor paperwork timeliness for all programs, and implement strategies as needed to ensure they meet the goal of 90% for report timeliness.
3. Implement corrective actions plans (CAPs) and report on progress to CQI Committee for improved adherence to external quality monitoring and contract compliance.
4. Provide support, assistance, and monitoring through the CQI Committee of compliance to contract requirements across programs.
5. Improve awareness of outcomes and quality initiatives across the agency.

### Goals for 2018

1. Monitor progress of Five Year Strategic Plan, and find opportunities to review progress with staff.
2. Maintain paperwork timeliness at a minimum of 90%.
3. Follow up on CAPs to ensure ongoing adherence.
4. Provide support, assistance, and monitoring through the CQI Committee of compliance to contract requirements across programs.
5. Make and implement revisions to the agency Performance and Quality Improvement (PQI) Plan.
6. Ensure the agency completes necessary steps for Council on Accreditation (COA) reaccreditation process.

## Review of 2017 Goals

### 1. Continue to monitor progress of Five Year Strategic Plan.

**Progress:** The Five Year Strategic Plan was formally updated by the Board in the spring and summer of 2017. The current version of the plan runs 2018-2023, and will continue to be monitored annually and formally updated every two years. The CQI Committee hopes to focus more on making connections between the Strategic Plan and the quarterly data and progress during meetings in 2018.

### 2. Monitor paperwork timeliness for all programs, and implement strategies as needed to ensure they meet the goal of 90% for report timeliness.

**Progress:** The quarterly Timeliness Scorecard was reviewed at CQI Committee meetings. The timeliness benchmark of 90% was met in Quarter 1 and Quarter 2, but fell short in Quarter 3 and Quarter 4. The Committee reviewed all numbers and explored strategies to improve them. A Timeliness Workgroup was developed to explore inconsistencies in the process of measuring timeliness data. The Workgroup met in December 2017, so their findings have not yet been able to be fully implemented. Timeliness will continue to be a goal for the CQI Committee, with the hope of increasing the numbers from the previous two quarters.

Timeliness of A-133 Audited Programs					
Time Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2017 Total
Percent on Time	92.1%	93.5%	87.0%	85.8%	89.6%

Additional information regarding agency wide timeliness is included in the Internal Quality Monitoring section of this report. The current agency standard of 90% for report timeliness across all programs will continue into 2018.

### 3. Implement corrective actions plans (CAPs) and report on progress to CQI Committee for improved adherence to external quality monitoring and contract compliance.

**Progress:** Corrective Action Plans are a standing agenda item at CQI Committee meetings. CAPs for Family Reunification Program and Residential were reviewed at CQI Committee meetings. No concerns were reported in the implementation of any plan. CAPs will continue to be a focus at CQI Committee and as an ongoing CQI goal in 2018.

### 4. Provide support, assistance, and monitoring through the CQI Committee of compliance to contract requirements across programs.

**Progress:** CQI Committee reviewed contract compliance by reviewing the Agency Dashboard, Timeliness Scorecard, Quarterly Risk Management Review, and other relevant data on a quarterly basis. In 2017, the Agency Dashboard and Timeliness Scorecard were revised to better communicate data related to contract requirements. The CQI Committee and Director of Quality & Education seek to continue to update these important feedback tools to best monitor and respond to contract compliance. In meetings, the committee recognized programs that fulfilled or exceeded expectations and problem solved to address areas of noncompliance.

The most common area of noncompliance is falling short of contract expectations on number of hours of face to face contact with clients. The committee and Director of Quality & Education communicate regularly with supervisors of these programs to explore strategies to increase outputs. Strategies included training on client engagement, improving documentation, decreasing delays in processing discharges, and implementing individual improvement plans when applicable. It should be noted that despite outputs at times falling short of contract expectations, the majority of cases do close successfully and show improvement in target areas. Additional information on discharge data is included in the Internal Monitoring section of this report.

## 5. Improve awareness of outcomes and quality initiatives across the agency.

**Progress:** Outcomes and quality initiatives are captured in part by the Agency Dashboard and Timeliness Scorecard, both of which are reviewed at CQI Committee, Senior Leadership, Leadership, and Board Program Committee meetings. Attendees at these meetings are encouraged to share relevant information with their staff to help promote outcome and quality awareness. Recognition of positive outcomes is also given at staff meetings and in the staff newsletter on occasion.

While Highfields has made efforts to promote outcomes and quality in the past year, it is vital to ensure quality is always at the forefront of the work the agency does. As part of this effort, the CQI Committee and Director of Quality & Education will focus in 2018 on revising and implementing changes to the PQI Plan. This will include enhancing the agency's approach to measuring and reporting on client outcomes.

## Planning

### Long Term

The Highfields Board of Directors and Senior Leadership Team updated the Five Year Strategic Plan in spring and summer of 2017. A copy of the plan is available on the Highfields website. The overall goals of the Five Year Plan include:

- Provide a clear and concise vision for the next five years
- Develop a plan to ensure the continued financial stability and growth of the agency
- Ensure continuity between the four major committees of the Board of Directors

The Board, board committees, and Senior Leadership Team continue to attend to the goals and priorities outlined in the plan during regular meetings to monitor progress.

## Short Term

In the past, Highfields utilized Agency Roundtable meetings to assist with short-term, divisional planning. Last year's CQI report uncovered a trend away from divisional planning in this manner, with less focus on plans at the Agency Roundtable meetings. Community Services did update a plan at the Community Service Roundtable on January 18<sup>th</sup>, 2017. Residential Services also reviews their plan at their staff forums. Because there has been a shift away from the existing planning process, the CQI committee has added a goal for 2018 to revise and implement changes to the PQI plan, including planning processes.

## Stakeholders

Stakeholders are involved in the CQI process through a variety of mechanisms including work groups, surveys, social events, board meetings, board committee meetings, and CQI initiatives. The following stakeholder events took place in 2017:

### Employees

- Agency Roundtable meetings occurred on May 11<sup>th</sup> and October 16<sup>th</sup> in Onondaga. Staff was recognized for two, four, and six year service awards. Agency wide updates and trainings were provided. Training topics included annual mandatory trainings as well as opiate/opioid addiction.
- Community Services Roundtable meetings for North (Lansing & Livingston Offices) and South (Jackson & Hillsdale Offices) Teams were held January 18<sup>th</sup> and June 14<sup>th</sup> in Onondaga. The meetings provided training on Fetal Alcohol Spectrum Disorder, experiential team building, and opportunities for networking across programs. Community Services updates were also reviewed.
- Residential Services held monthly staff meetings as well as quarterly Staff Forums.
- Administrative staff held regular staff meetings according to their team schedules, usually monthly or bi-monthly.
- Standing committees with employee participation continued to meet:
  - Safety Committee on 3/16, 7/13, 9/28, 12/12.
  - Wellness Committee on 1/10, 1/31, 2/16, 3/9, 4/12, 5/9, 6/6, 7/11, 8/1, 9/12, 10/10, 11/7, and 12/11.



## Carl J. Latona Distinguished Service Award

This award was established in 2012 and is given annually to an employee, nominated by his/her peers, who has exhibited the four major characteristics exemplified by Carl: integrity, passion for helping others, perseverance, and an uncompromising commitment to “doing the right thing.”

- The Employee Recognition Banquet was held February 25<sup>th</sup> at Cascades Manor House in Jackson to celebrate all staff and their achievements. Several staff were honored for the following specific awards:
  - 8 Year Dedication Award
    - Catherine Baughey
    - Keanna Mendez
    - Sharlein Rose
    - Redell Hartley
  - 10 Year Caring Award
    - Brian Philson
    - Becky Womboldt
    - Darryl Scott
    - Andrea Bernard
    - Joanna Hayes
  - 15 Year Compassion Award
    - Janine Misner
    - Deanna Rowen
  - 20 Year Partnership Award
    - Brenda Weck
  - 35 Year Loyalty Award
    - Gary Turner
  - Carl J. Latona Distinguished Service Award
    - Becky Womboldt
- The Employee Satisfaction Survey was administered in February-March. Results were reviewed and discussed with at Leadership and Board meetings, as well as with all staff at the May Roundtable meeting. Results are available for review upon request.
  - The employee newsletter, “Highfields Dispatch” was sent out in April, July, and November. Staff also receives “Highfields Highlights” and “Bright Futures” newsletters.

## Board Members

- Board members participated in bi-monthly board and board committee meetings. Notes from all meetings are maintained in a file at the Onondaga Campus. Board committees include: Program, Fund Development,

Personnel and Finance, Building and Sites, Executive and Endowment Committees.

- Board Chairperson Mark Kellogg and President/CEO Brian Philson chaired the 2017 Board Orientation on June 7<sup>th</sup> to familiarize new board members to the board manual and workings of the agency.
- Highfields Annual Meeting of the Board of Directors was held on April 26<sup>th</sup> at the Walnut Hills Country Club. Past, present, and new board members as well as staff participated. The following awards were also presented at the event:
  - The Robert L. Drake Citizenship Award
    - Richard Martin
  - The Highfields Partnership Award
    - Jackson National Life Insurance
  - Aldinger Scholarship Awards
    - Paige Curl
    - Denise Dornbush
    - Ethan Eddy
    - Jarrett Gregory
    - Michelle Hopkins
    - Samantha Hopkins
    - Monique Jackman
    - Lisa Neino
    - Miranda Pahl
    - Nakia Smith
    - Hunter Stephenson
    - Jarod Taylor
    - Kayla Thompson

## Donors

- Donors and key stakeholders were mailed the Highfields Annual Report. It was also distributed to staff and made available on the Highfields website.
- The 37<sup>th</sup> Annual Golf Outing on June 12<sup>th</sup> was attended by donors, board members, staff, and other members of the community. The fundraiser was a great success and raised funds to support Highfields programs.
- The Garden Gala was held on July 27<sup>th</sup> at Ingham Academy to highlight Highfields work and show appreciation to donors.
- Highfields' annual Strengthening Families Breakfast took place on October 19<sup>th</sup> at the Kellogg Center. In recognition of Highfields 55<sup>th</sup> anniversary, the agency set a goal to fill 55 tables. Forty gracious table hosts helped to exceed the goal, with a total of 58 tables filled.
- In November-December, WLNS Channel 6 in conjunction with area Ford dealerships hosted a holiday toy drive to benefit Highfields' clients. Gifts were distributed to youth and families participating in Community Services and Residential Services in time for Christmas.

## Referral Agencies

- Site visits and audits of case files took place during the year.
- Results of the audits and any subsequent CAPs are available as needed. All CAPs have been accepted by auditing bodies.
- Numerous presentations and meetings took place between the Courts, Department of Health and Human Services, and Community Mental Health Authorities with whom Highfields contracts to provide services.
- Referring workers were sent satisfaction surveys at the end of services. Overall results for referring worker satisfaction surveys indicated that Highfields exceeded the 4.5 benchmark score. Actual scores are available in the Internal Quality Monitoring section of this report.

## Clients

- Clients were asked to complete satisfaction surveys at the end of services. Overall results for client satisfaction surveys indicated that Highfields exceeded the 4.5 benchmark score. Actual scores are available in the Internal Quality Monitoring section of this report.
- The annual Thanksgiving Dinner was held at the Onondaga campus on November 21<sup>st</sup>. Residential students, staff, donors, and board members attended with their families.

## Community Members

- Meetings with the Onondaga Neighborhood Watch occurred on March 16<sup>th</sup>, May 25<sup>th</sup>, and August 25<sup>th</sup>.

## Client Advocates

- Staff participated in ongoing meetings as part of Michigan Federation for Children and Families, Michigan Home-Based Family Services Association, LifeWays Improving Practices Leadership Team, and numerous other State and community advisory boards.

## External Quality Monitoring

Due to the wide variety of services that Highfields offers, the agency undergoes regular reviews, audits, and investigations by a range of external parties each year.

## Licensing

Highfields holds various licenses and credentials for its range of programs and services. In 2015, Highfields successfully completed its reaccreditation through the National Council on Accreditation (COA). The agency is reaccredited through May 31, 2019. No corrective plans were recommended at the time of reaccreditation. COA did, however, provide a list of areas for opportunities, and it is available upon request. The reaccreditation process is already underway for 2019, and the agency is committed to continuing to uphold COA standards in all the work that it does.

### Residential Services

Highfields holds a license with the Division of Child Welfare Licensing (DCWL) through the State for its residential programming. Regular reviews and audits occur, as well as investigations for alleged licensing violations. If a violation includes any allegations of abuse or neglect, it will also be investigated by Children's Protective Services (CPS). DCWL and CPS often investigate residential complaints in coordination with each other and may conduct joint interviews. However, they file separate reports and recommendations.

An interim licensing audit occurred on September 8, 2017. The result was largely positive, with most areas in compliance. There were two reports identified as late out of the eight total cases that were reviewed. A document was also found to be missing in one of 16 reviewed personnel files. A CAP was submitted to address paperwork timeliness and the missing personnel document. In 2017, three licensing investigations resulted in the finding of a violation. CAPs were submitted in each instance, which were then accepted by licensing.

### Community Services

Highfields last completed a Certification Review with LifeWays in 2016 and retains full credentialed status with LifeWays Community Mental Health to provide Home-Based, Multi-Systemic Therapy, Outpatient, Parenting Wisely, and Case Management. Highfields is next scheduled for review in July of 2018. Highfields maintains full credentialed status with Lenawee County Community Mental Health Authority (LCMHA) to provide the Family Preservation Program from August 1, 2016 through July 31, 2018. Highfields is also credentialed with the Community Mental Health Authority of Clinton, Eaton, and Ingham counties, and is currently contracted to provide Wraparound services there.

## Reaching Higher

The Reaching Higher afterschool program requires licensing as a Child Care Center through the state of Michigan. In 2017, three new center licenses were established at Attwood, Pleasant View, and Dwight Rich schools. The following schools renewed their licenses:

School	Date of Renewal
Hunt	February 27, 2017
Leslie	April 8, 2017
Vandercook	April 8, 2017
daVinci	May 20, 2017

## Audits and Case Readings

Many Highfields programs are formally audited or have case readings with the various contract holders and authorities providing oversight for the services. Below is a summary of program audits and case readings that external sources completed with Highfields during the 2017 calendar year.

Residential Services	
<b>Phoenix Program (Bridgeway Clients)</b>	<b>Findings:</b> CAP was required based on three areas where documentation was missing or unclear. The CAP was written and accepted well ahead of the due date.
Reviewer: Bridgeway Services	
Date: September 25, 2017	
CAP Required: Yes	
<b>Prison Rape Elimination Act (PREA) Audit</b>	<b>Findings:</b> The agency met all 41 standards addressed in the audit. There were two corrective recommendations made, which were implemented immediately. Because they were addressed prior to the final audit report, no additional actions were required.
Reviewer: PREA Juvenile Program	
Date: November 6-7, 2017	
CAP Required: No	
Community Services	
North Team	
<b>Wraparound SED (Clinton/Eaton)</b>	<b>Findings:</b> This was a follow up from the 2016 audit. No concerns were identified at this time.
Reviewer: CEI CMH	
Date: February 28, 2017	
CAP Required: No	
<b>Wraparound (Clinton/Eaton)</b>	<b>Findings:</b> The reviewers were very positive about Highfields performance and documentation. No concerns were indicated.
Reviewer: MDHHS	
Date: March 28, 2017	
CAP Required: No	

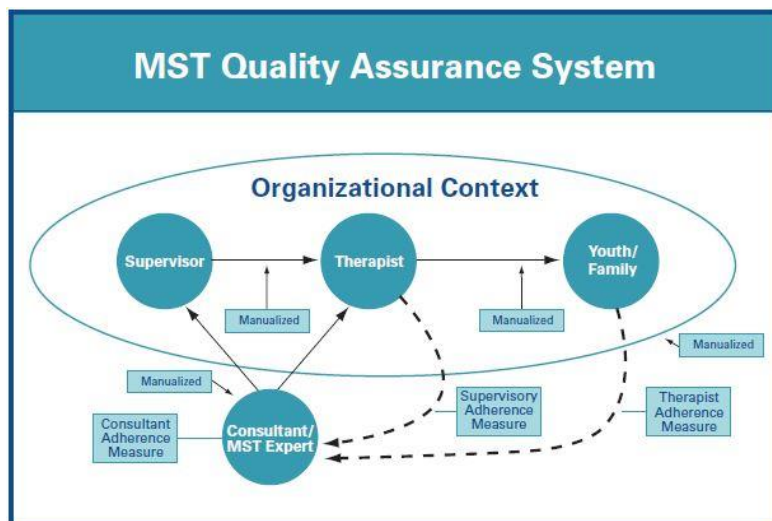
<b>FRP (Ingham/Eaton/Livingston)</b>	<b>Findings:</b> “The FRP team at Highfields...is delivering services from a strength-based perspective. The team provided support through encouragement and praise and instilled hope, when needed.... There are areas in which the team needs to make improvements.” A Case Work Improvement Plan (CWIP) was requested, submitted, and approved.
Reviewer: MDHHS	
Date: September 1 & 5, 2017	
CAP Required: Yes (Case Work Improvement Plan)	
<b>FTBS (Eaton)</b>	<b>Findings:</b> “Client files are very well organized and complete... documentation was excellent. The expected performance outcomes for the 10 cases reviewed and all cases (compiled for the annual SFSC report) indicate that Contractor is in full compliance with contract requirements.”
Reviewer: MDHHS	
Date: November 20, 2017	
CAP Required: No	
<b>South Team</b>	
<b>FTBS (Branch)</b>	<b>Findings:</b> Overall, files were complete. No additional feedback or action steps were provided by the reviewer.
Reviewer: MDHHS	
Date: January 19, 2017	
CAP Required: No	
<b>Wraparound SED (Jackson/Hillsdale)</b>	<b>Findings:</b> This was a follow up from the previous audit in 2016. Highfields submitted all requested materials to LifeWays. No response or findings were shared with Highfields.
Reviewer: LifeWays/MSHN	
Date: March 6, 2017	
CAP Required: No	
<b>Case Management (Jackson/Hillsdale)</b>	<b>Findings:</b> Highfields submitted all requested materials to LifeWays. No response or findings were shared with Highfields.
Reviewer: LifeWays/MSHN	
Date: May 23-24, 2017	
CAP Required: No	
<b>FPP (Lenawee)</b>	<b>Findings:</b> Seven files were reviewed. No issues or concerns were found in the course of the audit.
Reviewer: Lenawee Community Mental Health Authority	
Date: July 27, 2017	
CAP Required: No	
<b>FRP (Calhoun/Branch)</b>	<b>Findings:</b> “Overall, it was clear that the FRP team continues to work well together and the roles and responsibilities...are clear and defined as the client family’s concrete and therapeutic needs were consistently addressed.” There were also areas that required correction, and a CWIP was submitted and approved.
Reviewer: MDHHS	
Date: September 27-28, 2017	
CAP Required: Yes (Case Work Improvement Plan)	

<b>FTBS (Hillsdale)</b>	<b>Findings:</b> "All of the cases read contained all of the necessary components according to the contract as applicable. All billing and financial reporting and program policy requirements were met."
Reviewer: MDHHS	
Date: November 29, 2017	
CAP Required: No	

In addition to audits of specific programs, Highfields also undergoes an annual financial audit, known as the A-133 audit. This was completed in the summer of 2017. The subsequent audit report is available upon request or directly on Highfields website.

## MST

Multi-Systemic Therapy, which Highfields offers in Livingston, Washtenaw, Jackson, and Hillsdale counties, is an evidence-based model that provides its own Quality Assurance System through MST Services. MST Services works with agencies delivering MST to structure a system within which programs will be faithfully carried out. Its Quality Assurance System provides multiple layers of clinical support, program support, and ongoing feedback to ensure that providers faithfully implement MST.



Fidelity of the model is tracked weekly through group (team) supervision, weekly consultation (with the MST Expert), and weekly summary completion. Additional tracking mechanisms include observation and/or recording of MST sessions to provide the therapist with

immediate feedback; monthly calls to each family from a call center to complete a Therapist Adherence Measure (TAM) to track therapist behavior; a Supervisor Adherence Measure (SAM), completed bi-monthly by therapists to track supervisor behavior; and a Consultant Adherence Measure (CAM)

completed by the team bi-monthly to track consultant behavior. Results are tracked and collectively shared with the greater MST professional community.

All new hires attend a 5-Day Training of MST. On a quarterly basis, teams are provided MST Booster trainings to target team needs and enhance skill sets in the delivery of MST. Bi-annually, Program Implementation Reports (PIR) are developed/updated and delivered to key stakeholders to provide a review of the team's implementation of MST. Copies of the PIR are available upon request.

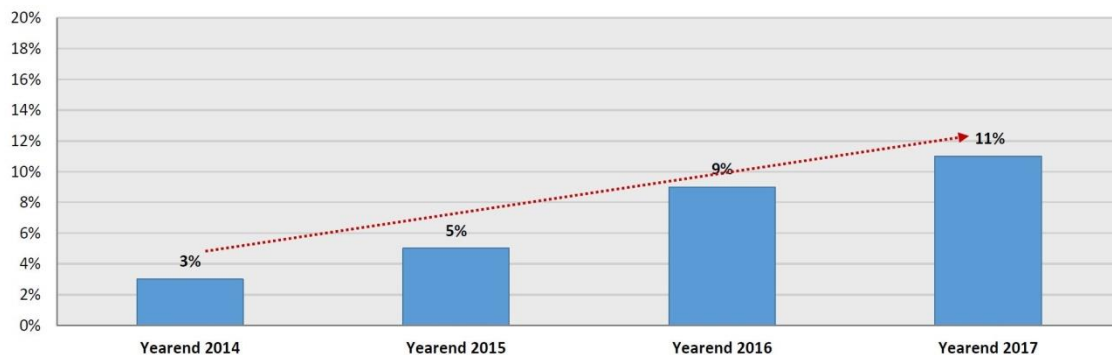
## Reaching Higher

Highfields contracts with an external evaluator to assist in a thorough review of its Reaching Higher 21<sup>st</sup> Century Community Learning Centers program each academic year. Oseela Nadine Thomas, PhD of Eval Global Solutions, LLC authored a report entitled *Highfields Reaching Higher Final Evaluation Report*, which includes data, analysis, and recommendations for the program. Copies of the full report are available upon request. Key findings are adapted from the report and summarized below:

### **“The program made a positive difference in youths’ academic self-concept and motivation”**

- Reaching Higher excels at enrollment, with high numbers of “active” and “regular” participants

Percentage of all Participating Youth Who Participated in *Reaching Higher* 120 Days or More: Yearend 2014 – Yearend 2017



- Retention has been consistent or improving slightly since 2014.
- Family engagement increased, with 115 parents participating. This is an increase from 82 parents last school year.
- Overwhelming majority of participants reported they liked the time in Reaching Higher to do their homework and get help on their assignments.



- Youth showed increased enjoyment, confidence, and competence in Reading, Writing, and Math by the end of the school year.

The report also made the following recommendations to improve or sustain best practices and outcomes:

- Improve retention rates
- Help afterschool staff come up with creative and stimulating afterschool activities
- Incorporate a more streamlined and focused academic instructional component
- Ensure continuous, accurate, and complete data collection

## Internal Quality Monitoring

### Risk Management Review

Each quarter, a Risk Management Review form is completed with data from across the agency for review at the CQI Committee meetings. The reports include: physical interventions, licensing or contract complaints/investigations, client grievances, critical incidents, environmental risks, dispensing of medications, and staff accidents, grievances, and turnover. Individual teams and supervisors review these incidences when they occur, while the CQI Committee reviews the compiled data on a quarterly basis.

The Risk Management Review form was updated in spring of 2017 to encourage more critical thinking and review of incidents when they occur. This helped to facilitate further conversation of risks during CQI Committee meetings. Copies of the Risk Management Review are available upon request.

### Case Record Reviews

Case records are regularly reviewed internally in a variety of ways:

- Supervisors in each program read and edit formal reports prior to entering them into the record.
  - In some contracted programs, supervisors are required to formally review a certain number of cases from each staff.
- Administrative assistants review cases for necessary documentation at case opening, monthly or bi-monthly billing, and periodic audits. All records are reviewed at case closing.
  - The closing process is currently under review to ensure that trends identified during the record review are communicated.

- Clients and/or their guardians are provided copies of most reports pertaining to their care. They have the opportunity to review their progress and reports with their assigned Highfields worker.

In addition to these regular reviews, Highfields arranges to formally review a sample of case records in each of its programs on an annual basis. This is typically completed through the collaborative efforts of Quality personnel, the CQI committee, and program supervisors. In 2017, fewer cases were reviewed than originally planned. This is in part due to the Director of Quality & Education being on leave for several weeks and insufficient support for reading cases during the absence (see Quarter Three in the table below). Every attempt will be made to improve the case review process in 2018. The following summarizes the formal case record reviews completed each quarter; copies of the Case Record Review Quarterly Report are available upon request:

<b>Program:</b>	<b># of Cases:</b>	<b>Reviewer(s):</b>	<b>Date:</b>
<b>Quarter One</b>			
FRP Calhoun	1	Lara Hewson	1-3-17
WA Clinton/Eaton	8	Angela Allen	1-9-17
FTBS Branch	2	Lara Hewson	1-17-17
FTBS Eaton	1	Lara Hewson	1-30-17
WA SED Jackson	2	Lara Hewson	3-2-17
WA DHHS Clinton	6	Lara Hewson & Angela Allen	3-22-17
FRP Ingham	1	Lara Hewson	3-24-17
FPP Lenawee	9	Lara Hewson	3-29/30-17
<b>Quarter Two</b>			
LifeWays Home-Based	3	Joe Uppal	4-3/7-17
Case Management	13	Lara Hewson, Jill Clark, Terra Chall	5-19-17
Residential/Phoenix	1	Lara Hewson	5-5-17
LifeWays Home-Based	4	Lara Hewson	6-2-17
Outpatient	4	Lara Hewson	6-5-17
Wraparound SED – Eaton	1	Lara Hewson	6-9-17
<b>Quarter Three</b>			
FPP – Lenawee	23	Christine Gjestland	July 2017

Quarter Four			
FTBS – Eaton	10	Heidi Ransom, Lara Hewson	11-8-17
FTBS – Hillsdale	10	Jill Clark, Kelly Corbett, Tania Moore	11-9-17
Reaching Higher – Leslie	10	Kelley Deck, Lara Hewson	11-29-17
LifeWays MST	1	Lara Hewson	11-10-17
LifeWays Home-Based	2	Lara Hewson	11-13-17
LifeWays Outpatient	2	Lara Hewson	11-10-17
Case Management	2	Lara Hewson	11-13-17
FRP – Ingham	1	Heather Ladd	12-11-17
Residential/Stabilization	3	Lara Hewson	12-21-17
Residential/Phoenix	2	Lara Hewson	12-21-17

Overall, reviews revealed positive trends in case documentation. As any concerns or trends were revealed, the Director of Quality & Education met with supervisors and teams to review strengths and weaknesses discovered in case records. Ongoing collaboration continues to address any continuing concerns and recognize areas of excellence.

## Outcomes

All Highfields programs collect data when cases close to track progress and better understand the strengths and barriers that affect case closure. Discharge data in this report covers cases closed in the 2017 calendar year. Highfields also collects follow up data at 6, and 12 month intervals. This report includes any follow-up contacts for cases that closed in the 2016 calendar year, as data collection for 2017 will continue throughout the current year. Some outcome data collection suffered due to internal problems with the Highfields database. As a result, Highfields is in the process of moving to a new database system, and the upcoming change is referenced in sections of this report.

## Community Services

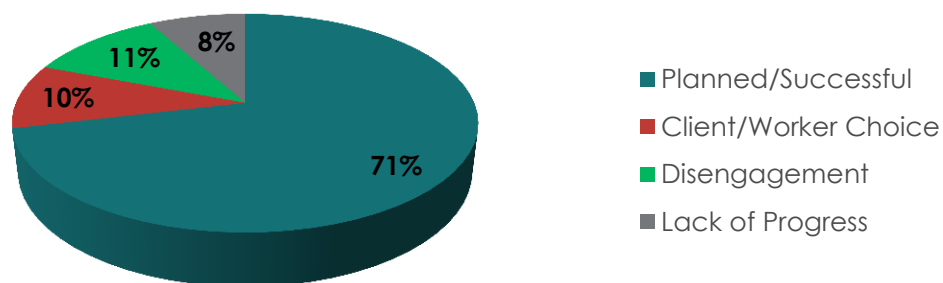
### Discharge Data

The majority of Community Services cases close successfully. In cases where they are not marked “successful,” the reason for discharge is sorted into three possible categories:

- **“Client Disengagement”** – the client stopped meeting and did not respond to attempts to contact by phone, mail or in person
- **“Lack of Progress”** – there was insufficient progress despite best attempts within program parameters; this may also include when a case closes because a higher level of intervention became necessary
- **“Client/Worker Request”** – the client, family, or referring worker has requested to end services for any reason

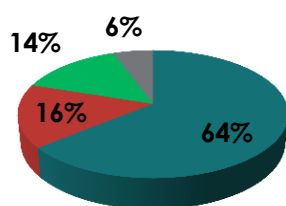
### All Community Services

585 Cases



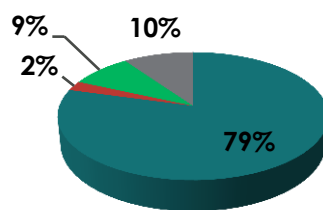
### CMH Contracts

306 Cases



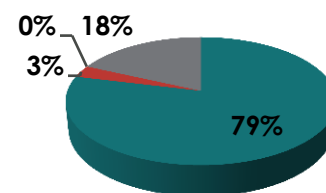
### DHHS Contracts

246 Cases



### Court Contracts

33 Cases



The above charts demonstrate reasons for discharge in all Community Services programs. 71% of all Community Services cases are successful at the time of discharge. Notably, cases contracted through MDHHS and the Courts close successfully at rate 15% higher than cases contracted through Community Mental Health (CMH) Authorities. Although Highfields services are always considered voluntary, there are often serious consequences for clients and families referred by the court or child welfare system whose cases close prematurely. As a result, just 2% of DHHS cases and 3% of court cases close based on the family or worker’s request. Comparatively, 16% of CMH cases close based

on the family or worker's request. Similarly, 14% of CMH cases disengage from treatment, compared to 9% in DHHS cases and 0% of court cases. These numbers suggest that CMH clients are more empowered to make their own decisions about withdrawing from treatment, whereas DHHS and court referred clients are more prone to follow through to the end of services.

Based on this data, Highfields has made some efforts to increase engagement strategies in CMH cases, including: addressing engagement at staff meetings and supervision and providing professional development on client engagement. Highfields is also revising some of the methods it uses to gather discharge data, to ensure it is accurately reflecting the clients' experiences.

### CAFAS Scores

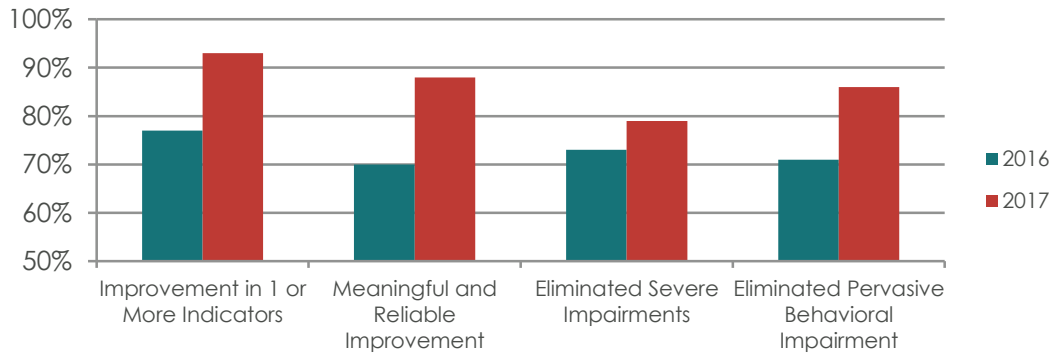
CAFAS stands for Child and Adolescent Functional Assessment Scale. It is a standardized assessment for school-aged children and youth that determines functional impairments across a range of subscales. Most of the program contracts Highfields holds with LifeWays are required to administer the CAFAS at case opening, every three months, and discharge. The following table compares the initial assessment to the most recent assessment and includes both open and closed cases for the 2017 calendar year.

Program	HB	MST	WA	All
Average Improvement in Total Score	30	52	44	36
Improvement in 1 or More Outcome Indicators	71%	93%	79%	77%
Total Number of Cases	120	42	14	176

CAFAS Outcome Indicators include Meaningful and Reliable Improvement (decrease of 20pts or more), no Severe Impairments (when compared to intake), and Pervasive Behavioral Impairment (defined as severe or moderate impairment on School, Home, and Behavior subscales). LifeWays benchmark for Home-Based cases in this area is 60%. All programs exceeded expectations in this area.

As illustrated in the chart on the following page, MST accomplished even greater outcomes than in 2016, despite already exceeding expectations. Improvements in One or More Outcome Indicators rose an impressive 16% from an already high 77% in 2016.

### MST CAFAS Outcomes



#### Follow Up Data

All Community Services cases that close successfully are contacted at 6 and 12 months to follow up on their progress; a small number of programs also attempt follow up at 3 months per their contract requirements. Although attempts are made for all successfully discharged cases, not all clients respond, or some who do decline to provide information. If a client cannot be contacted or request not to be contacted, they are removed from any subsequent contact lists. As a result, the sample size at 12 months may be smaller. The table below illustrates post-discharge trends among families Highfields was able to contact.

Follow Up: Community Services Discharged in 2016				
Time Frame	3 mo.	6 mo.	12 mo.	Total
Client/Family experienced success	94%	88%	82%	87%
Client still resides at home	59%*	80%	72%	75%
No reported legal or protective service involvement	91%	88%	85%	87%
<b>Total Number of Respondents</b>	34	145	100	279

\*Problems with the Highfields internal database suggest that this number may be low. See below for more information.

The vast majority of cases that closed successfully and engaged in follow up contacts provided information that indicated they have continued to experience success since Highfields services ended. Even 12 months after discharge, 85% of respondents reported no arrests, adjudications, convictions, or child protective service involvement. Unfortunately, due to problems with the internal Highfields databases, several outcomes data points that are collected were unable to be accurately aggregated. However, Highfields has been in the process of moving to a new database that should allow for better quality and

accuracy in data collection and reporting. While 2018 will have data from both systems, the 2019 report should reflect a positive change in the accuracy of client outcome reporting.

## **Residential Services**

### **Discharge Data**

In 2017, Residential Services discharged a total of 59 cases, with 40 in the Phoenix program and 19 in the Stabilization program. The reason for closing is collected at discharge and is categorized as either positive or negative. Positive reasons include: Graduation, Release, and Court De-escalation. Negative reasons may include: State Termination, Administrative Termination, AWOL (eloping) from Campus, and AWOL (eloping) from a Home Visit.

The Stabilization program was able to achieve an impressive 100% rate of successful discharges, with 84% returning to a family setting.

70% of discharges from the Phoenix program were positive, with 73% of students returning to a family setting.

The grade level equivalency of students in both residential programs is also measured at intake and discharge, if school is in session. On average, students showed an improvement of 0.7 grade levels during their stay at Highfields.

### **Follow Up Data**

Residential Services attempt follow up contact with successfully discharged cases at 6 and 12 months. Like Community Services, not all clients respond. This, combined with the smaller sample size of cases, results in lower numbers of responses. However, more responses were received in 2017 than the previous year.

A total of 23 responses were received across both Phoenix and Stabilization for 6 and 12 month follow ups. Significant outcomes include:

- 60% self-reported experiencing success 6 months post discharge
- 50% self-reported experiencing success 12 months post discharge
- 100% had not been adjudicated or convicted within 6 months

Follow up data for Residential Services is subject to some of the same database problems that exist in Community Services. As the transition to a new database happens in the coming year, Highfields will be better equipped to track and report on client outcomes.

## Satisfaction Surveys

Highfields distributes surveys at the end of services to measure both client and referring worker satisfaction with Highfields services. Client surveys are completely anonymous. All surveys utilize a five point Likert scale, with one being the lowest possible score and five being the highest possible score. The benchmark for satisfaction surveys is an average score of at least 4.5, and data suggests that this was met across programs. The following results represent all survey responses received during the 2017 calendar year:

Satisfaction Survey Results 2017		
COMMUNITY SERVICES	# Responses	Average Score
Clients (South Team)	71	4.85
Clients (North Team)	37	4.85
Referring Workers (South Team)	79	4.54
Referring Workers (North Team)	86	4.68
RESIDENTIAL SERVICES	# Responses	Average Score
Clients	23	4.57
Referring Workers	19	4.63

## Timeliness

Highfields measures report timeliness across programs in a quarterly Scorecard. The Scorecard is typically reviewed in CQI Committee, Senior Leadership, and Leadership meetings. It is available upon request. In 2016, the agency wide timeliness benchmark was raised from 85% to 90%, due to repeated high performance in this area. The following rates were achieved in 2017:

*This program helped me a lot. I appreciate all the support I was given to push me to do better.*

- 16 year old participant in Stabilization program.



DIVISION	QTR 1	QTR 2	QTR 3	QTR 4	2017 TOTAL
<b>Residential</b>	95%	100%	82%	95%	93%
<b>North Team</b>	93%	92%	87%	84%	89%
<b>South Team</b>	92%	94%	87%	86%	90%
<b>Agency Total</b>	92%	94%	87%	86%	90%

Residential Services made notable improvements in their timeliness, with the 2017 year total up 23% from 2016. Collaboration between the Director of Quality & Education and Residential Services has helped to minimize barriers that affected timeliness in the past.

Quarters Three and Four were lower this year than last year. An internal workgroup was convened to identify barriers and attempt to improve timeliness and accurate recording of timeliness data.

Highfields standard of 90% report timeliness will continue into 2018 in effort to support all programs in reaching the benchmark.

## Summary

Highfields achieved several accomplishments in 2017 and remains committed to the CQI process, as reflected in this report. Some important initiatives are underway that will have an impact on Highfields' quality program and processes. A new database is being set up and is expected to go live in the spring of 2018. The new database will improve the agency's ability to identify and track client outcomes with increased accuracy and efficiency. The reaccreditation process began at the end of the year and will continue through 2018. Highfields' current accreditation expires in May 2019.

The agency experienced some growth in services. Three Lansing area schools were added to the Reaching Higher program in 2017: Attwood, Pleasant View, and Dwight Rich. The Lansing office started a new MDHHS contract called Parent Education – Home-Based. The Hillsdale office began the Parents as Teachers program for young children. The Livingston MST team added a new MST Therapist contracted to serve Washtenaw County.

Highfields continues to provide numerous opportunities to engage with stakeholders. In particular, Highfields works to recognize the accomplishments and contributions of clients, staff, and donors at its Annual Board Meeting, Strengthening Families Breakfast, and Employee Recognition Banquet.

In the next year, a focus of the CQI Committee will be to revise and implement changes to the Performance and Quality Improvement (PQI) Plan in efforts to better carry out the CQI goals and continue to assist in upholding the mission and vision of Highfields.

Any questions, comments, or requests for additional information related to this report can be directed to the Director of Quality & Education at [LHewson@highfields.org](mailto:LHewson@highfields.org).

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**Director of Quality & Education**

## Appendix: Glossary of Terms

**A-133:** a type of financial audit required of all organizations that expend at least \$500,000 in federal funding. Highfields undergoes this audit annually due to contracts that are partially or wholly federally funded.

**CAP – Corrective Action Plan:** a plan written and implemented to address quality and performance concerns identified by internal monitoring or external audit or investigation.

**CM – Case Management:** Highfields program contracted through LifeWays to coordinate services for eligible children diagnosed with Autism Spectrum Disorder.

**CMH – Community Mental Health:** a local, county-based authority, established by Michigan State Law, which acts as the gatekeeper of the public mental health system. Highfields currently holds contracts with the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEICMH), LifeWays Community Mental Health, and Lenawee Community Mental Health Authority (LCMHA).

**COA – Council on Accreditation:** the national accrediting body, through which Highfields has been accredited for several years.

**CQI – Continuous Quality Improvement:** philosophy and process through which quality is a consistent focus throughout an organization, with an emphasis on constant opportunities for improvement.

**DCWL – Division of Child Welfare Licensing:** division of MDHHS in charge of licensing for child welfare; this includes the license Highfields holds for its residential programming.

**FMP – Family Maintenance Program:** in-home counseling service offered to families involved with CPS or foster care through an MDHHS contract in Eaton County.

**FPP – Family Preservation Program:** intensive mental health services provided to children 0-17, who have a diagnosed serious emotional disturbance and severe functional impairments. Services are provided in the families' homes and communities through a contract with Lenawee Community Mental Health Authority.

**FRP – Family Reunification Program:** an MDHHS contracted program for intensive, in-home services, intended to support families whose child(ren) are being returned home from foster care placement. Highfields currently offers this in multiple counties in both North and South Teams.

**FTBS – Families Together Building Solutions:** family-centered counseling offered in the clients' homes and communities to prevent out of home placement. The program is contracted through MDHHS, and Highfields offers it in several counties.

**HB – Home-Based Therapy:** intensive mental health services provided to children 0-17, who have a diagnosed serious emotional disturbance and severe functional impairments. Services are provided in the families' homes and communities through a contract with LifeWays.

**INS – Insurance:** mental health therapy for children 0-17 that is billed directly to the clients' insurance company rather than through a specified contract. Highfields offers this in both the North and South Teams.

**LifeWays:** the community mental health authority for Jackson and Hillsdale Counties. Highfields holds multiple contracts for children/family mental health services with LifeWays.

**MDHHS – Michigan Department of Health and Human Services:** this department formerly consisted of the Michigan Department of Community Health (MDCH) and the Department of Human Services (DHS) before they combined in 2015. Highfields holds multiple contracts with MDHHS to provide services to children, youth, and families.

**MiSACWIS – Michigan Statewide Automated Child Welfare Information System:** a statewide electronic record system to automate case management of child welfare and juvenile justice services.

**MST – Multi-Systemic Therapy:** evidence-based, intensive family- and community-based treatment that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders. Highfields offers MST in Livingston and Washtenaw Counties through the court system and in Jackson/Hillsdale counties through LifeWays.

**OP – Outpatient:** Brief mental health therapy provided in office or in the client's home. In this report, this refers specifically to Highfields Outpatient services offered through the LifeWays network in Jackson and Hillsdale Counties.

**OR – Outreach:** a brief, in-home counseling contract with MDHHS; referrals come from CPS or Foster Care workers seeking services for children and families. Highfields currently offers this in several counties across North and South Team.

**PE – Parent Education-Home Based:** new in 2017, in-home parenting education program offered through an MDHHS contract in Ingham County.

**PW – Parenting Wisely:** an evidence-based, brief parent-education curriculum based on a series of videos and workbook assignments. It is currently offered in Jackson and Hillsdale Counties under a LifeWays contract.

**Reaching Higher:** fun and engaging afterschool program that reinforces academic learning targeting Math and Reading, while also giving opportunities for homework help and introducing students to new skills. It is funded through 21<sup>st</sup> Century Community Learning Center grants provided through the department of education and is being operated in seven different school districts in Ingham and Jackson Counties.

**WA – Wraparound:** an evidence-based planning process that results in an individualized set of services and supports for children and families with severe and multiple needs. Services and supports are developed through a team approach to work together toward a common mission. Highfields offers Wraparound in both North and South Teams through multiple contracts.

**YFA – Youth and Family Alternatives:** a court-referred anger management program for juvenile offenders and their families in Ingham County.