



# Year End Report

## 2016

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 and Education at [LHewson@highfields.org](mailto:LHewson@highfields.org)

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# Year End Report

2016

## Table of Contents

CQI Purpose and Process .....	2
Goals .....	3
Planning .....	6
Stakeholders .....	7
External Quality Monitoring .....	10
Internal Quality Monitoring .....	16
Summary .....	26
Appendix: Glossary of Terms .....	27

## 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 for Children and Family Services 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 and Education, oversees the agency's quality initiatives. The CQI Committee is comprised of representatives from each of Highfields divisions as well as senior leadership. These include

### *CQI Committee Meetings*

January 21, 2016

March 21, 2016

May 19, 2016

Residential Services, Community Services, Administrative Services, President/CEO, and Vice President. It should be noted that the CQI Committee did not meet during the second half of 2016 due to staffing and position changes for the Director of Quality and Education. The Committee is scheduled to resume meeting in January 2017.

This report covers calendar year 2016 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 consumers.
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 affect systemic change where needed in response to identified concerns.

## CQI Goals

### Goals for 2016

1. Monitor progress of Five Year Strategic Plan. The strategic plan is supported through Highfields divisions through staff input and participation in divisional and agency roundtable meetings.
2. Use CQI Committee meetings to review paperwork timeliness for programs monitored through the A-133 Audit to ensure they meet the goal of 95% for report timeliness.
3. Report progress to CQI Committee regarding tracking contract requirements and corrective action plans (CAPs) for improved adherence to external quality monitoring.
4. Provide support, assistance, and monitoring through the CQI Committee of the compliance for contract requirements. This would include:
  - a. Unit requirements for all MDHHS contracts as reported through the Agency Dashboard.
  - b. Contract requirements for all mental health contracts.
  - c. Residential requirements in accordance with BCAL\* rules.
5. Use CQI Committee meetings to monitor and improve performance review timeliness, background checks, and reference checks.

### 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.

\*BCAL, the Bureau of Child and Adult Licensing, is now known as the Division of Child Welfare Licensing.

## Review of 2016 Goals

- 1. Monitor progress of Five Year Strategic Plan. The strategic plan is supported through Highfields divisions through staff input and participation in divisional and agency roundtable meetings.**

**Progress:** The Five Year Strategic Plan was formally updated in 2015 by the Board of Directors and Senior Leadership Team. Priorities and goals of the plan continue to be monitored at regular board and board committee meetings. The plan will be formally reviewed again in the spring of 2017. Highfields encourages staff participation in agency and divisional roundtable meetings to provide input and feedback to influence strategic planning. Highfields will continue to provide opportunities for feedback and integrate changes as needed into long-term and divisional plans.

- 2. Use CQI Committee meetings to review paperwork timeliness for programs monitored through the A-133 Audit to ensure they meet the goal of 95% for report timeliness.**

**Progress:** Timeliness and the Scorecard, which tracks timeliness, were reviewed at the CQI Committee meetings in January and May. As noted earlier, the committee did not meet later in the year due to transitions. The Scorecard report continued to be completed at the end of each quarter of the calendar year and was reviewed at Senior Leadership, Leadership, and Program Committee meetings. The Scorecard and timeliness data are available upon request.

Most of Highfields' contracts with MDHHS, including FTBS, FRP, and certain North Team Wraparound cases, are reviewed in the A-133 Audit. Highfields set an internal goal of 95% report timeliness in these programs to maximize performance in the audit. Highfields was successful in achieving this goal as evidenced by the following rates across 2016:

<b>Timeliness of A-133 Audited Programs</b>					
<b>Time Period</b>	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2016 Total
<b>Percent on Time</b>	96.6%	97.6%	95.6%	95.5%	96.4%

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 2017.

### **3. Report progress to CQI Committee regarding tracking contract requirements and CAPs for improved adherence to external quality monitoring.**

**Progress:** CQI Committee meeting notes reflect review of FTBS Hillsdale audit, planning for Bridgeway audit, and review of LifeWays Credentialing audit and subsequent CAP. Ongoing discussions of items related to contract compliance and case record reviews also appear in the notes. Although additional meetings were not held, the new Director of Quality and Education provided individualized support to supervisors and teams implementing CAPs and performed case record reviews across several programs.

In 2016, reviews were completed in: Home-Based, Home-Based 0-3, MST, Case Management, Wraparound, FTBS, FRP, FPP, Afterschool, and Residential. Feedback regarding the strengths and weaknesses discovered through reviews was provided to individuals, to supervisors, and at team meetings. The Director of Quality and Education continues to communicate and be available to all programs seeking to address contract requirements and CAPs. The CQI Committee will also resume tracking in these areas when it reconvenes in 2017.

- ### **4. Provide support, assistance, and monitoring through the CQI Committee of the compliance for contract requirements. This would include:**
- a. Unit requirements for all MDHHS contracts as reported through the Agency Dashboard.**
  - b. Contract requirements for all mental health contracts.**
  - c. Residential requirements in accordance with BCAL rules.**

**Progress:** As mentioned, the CQI Committee met in the beginning of 2016 then experienced a hiatus during transitions in Quality staffing. Notes from the committee meetings indicate that adherence to contract requirements was regularly on the agenda. The previous Associate Director of Quality and current Director of Quality and Education compiled and maintained a quarterly Agency Dashboard that tracked contractually required units, progress toward contract

incentives, and other program outputs and outcomes. The Dashboard is typically reviewed at CQI Committee meetings. During the break in CQI Committee meetings, Highfields leadership continued to use the Dashboard to monitor progress and explore strategies for improvement at Senior Leadership and Program Committee meetings.

Whenever specific concerns regarding units or other contract requirements are identified on the Dashboard, the Director of Quality and Education provides individualized follow up with the identified program supervisors and staff to assist with problem solving, implementing solutions, and ongoing monitoring.

#### **5. Use CQI Committee meetings to monitor and improve performance review timeliness, background checks, and reference checks.**

**Progress:** The CQI Committee did monitor timeliness of performance reviews, background checks, and reference checks during the period that it met regularly. Members of the CQI Committee shared due dates for upcoming and past due performance reviews with supervisors at Leadership meetings and other meetings as needed to ensure teams were aware of performance review needs. CQI Committee notes indicate that needs for reference and background checks were reviewed and strategies were developed to improve follow through with future hires.

## Planning

### Long Term

The Highfields Board of Directors and Senior Leadership Team updated the Five Year Strategic Plan in April 2015 and are next due to formally review the plan in the spring 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

Divisional short term plans are maintained by each of the three Highfields divisions: Community Services, Residential Services, & Administration. The plans are reviewed periodically, with agency and divisional roundtable meetings providing opportunities for staff input and feedback. Due to the full agendas at the roundtable meetings in 2016, the divisional plans were not formally reviewed. Divisional planning will be prioritized to review during the 2017 meeting cycle and monitored for completion by the CQI Committee.

## 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 processes. The following stakeholder events took place in 2016:

### 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.
- Community Services Roundtable meetings for North and South Teams were held March 31<sup>st</sup>, July 13<sup>th</sup>, and September 28<sup>th</sup> in Onondaga. Trainings provided included topics such as suicide assessment, diversity, self-care, and more. Opportunities for networking across programs and Community Services updates were also provided.
- 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 January 14<sup>th</sup>, April 14<sup>th</sup>, July 7<sup>th</sup>, and December 15<sup>th</sup>.

## 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.”

- Wellness Committee on August 25<sup>th</sup> and December 5<sup>th</sup>.
- Employee Recognition Banquet Planning Committee on October 13<sup>th</sup>, November 3<sup>rd</sup>, December 1<sup>st</sup>, and December 8<sup>th</sup>.
  - The Employee Recognition Banquet was held February 27<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
      - Ben Tiffany
      - Stan Davis
      - Ron Jackson
    - 20 Year Partnership Award
      - Dwayne Smith
      - Troy Ivey
    - 25 Year Trust Award
      - Bruce Kukuk
    - 30 Year Appreciation Award
      - Bruce Pickell
    - Carl J. Latona Distinguished Service Award
      - Brenda Weck
  - The Employee Satisfaction Survey was administered in February-March, with results distributed agency wide in May. Results were explored with the leadership team, board members, and staff; they 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 Emmert and President/CEO Brian Philson chaired the 2016 Board Orientation on June 1<sup>st</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 27<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
    - Ken and Maggie Frankland
  - The Highfields Partnership Award
    - R.E. Olds Foundation
  - Aldinger Scholarship Awards
 

<ul style="list-style-type: none"> <li>▪ Ciaira Clore</li> <li>▪ Jarrett Gregory</li> <li>▪ Kayla Handcock</li> <li>▪ Michelle Hopkins</li> <li>▪ Miranda Pahl</li> <li>▪ Sarah Stewart</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ethan Eddy</li> <li>▪ Alexandra Hagerty</li> <li>▪ Brittany Honeycutt</li> <li>▪ Sydney Kester</li> <li>▪ Hunter Stephenson</li> <li>▪ Merissa Talbot</li> </ul>
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## 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 36<sup>th</sup> Annual Golf Outing on June 13<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 26<sup>th</sup> at Ingham Academy to highlight Highfields work and show appreciation to donors.
- Highfields' annual Strengthening Families Breakfast took place on October 27<sup>th</sup> at the Kellogg Center. Donors, staff, and other community members enjoyed breakfast while learning more about Highfields programs and hearing directly from clients and families who have benefitted from these services. The event filled 43 tables, including 38 tables hosted by 33 gracious table hosts.
- 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.

## Consumers

- Consumers were asked to complete satisfaction surveys at the end of services. Overall results for consumer 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 22<sup>nd</sup>. Residential students, staff, donors, and board members attended with their families.

## Community Members

- Meetings with the Onondaga Neighborhood Watch occurred on February 26<sup>th</sup>, June 23<sup>rd</sup>, and August 11<sup>th</sup>.

## Consumer 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.

### 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.

A licensing audit occurred on August 31, 2016. The result was largely positive, with most areas in compliance. A CAP was submitted and accepted to meet standards for fire safety rules. A follow up inspection on September 13<sup>th</sup> resulted in the renewal of Highfields' regular license. An environmental health inspection occurred on August 25<sup>th</sup> and a food establishment inspection occurred on October 25<sup>th</sup>. Both inspections found substantial compliance and necessary corrections were made and submitted.

Two licensing investigations were completed for incidents occurring on June 8<sup>th</sup> and July 12<sup>th</sup>. The investigations found evidence of licensing violations, and Highfields submitted CAPs to redress all areas of violation. Three licensing investigations initiated on August 26<sup>th</sup>, September 23<sup>rd</sup>, and October 18<sup>th</sup> were closed after no substantial violations were found and without any further action required.

The Michigan Department of Education Office of School Support Services completed an Administrative Review of the school nutrition program on March 30, 2016. A CAP was required and submitted to address all identified concerns.

### Community Services

A Certification Review was completed with LifeWays on January 8, 2016. Highfields retains full credentialed status with LifeWays. Substantial or full compliance was obtained in four of the seven areas included in the review. The remaining three areas had partial compliance, resulting in an overall compliance

score of 83%. A CAP was written and submitted to LifeWays on March 29, 2016 to address any areas of partial compliance.

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 2016, five of the seven schools involved with Reaching Higher required no licensing renewals: DaVinci, Hunt, Leslie, Townsend, and Western. The license at Gardner Middle School was inspected and renewed on May 10, 2016. The next renewal will be in May 2018. The license at Springport Middle school was also renewed on October 14, 2016. The next renewal will be in October 2018. The Child Camp-Day License for summer programming was also inspected and renewed with no findings on July 19, 2016, with the next renewal due July 2018.

On May 10, 2016, the Child and Adult Care Food Program completed a review with two minor findings requiring correction. A CAP was accepted by the Michigan Department of Education on May 26, 2016.

### 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 2016 calendar year.

Residential Services	
<b>Phoenix Program (Bridgeway Clients)</b>	<b>Findings:</b> Compliant in 4 out of 5 areas reviewed. Partial compliance in the area of case file documentation was based on some missing or unclear information.
Reviewer: Bridgeway Services	
Date: April 20, 2016	
CAP Required: Yes	
Community Services	
North Team	
<b>FMP (Eaton)</b>	<b>Findings:</b> "There were no findings in the review, and no other recommendations. Documentation was excellent, and client
Reviewer: MDHHS	
Date: April 15, 2016	

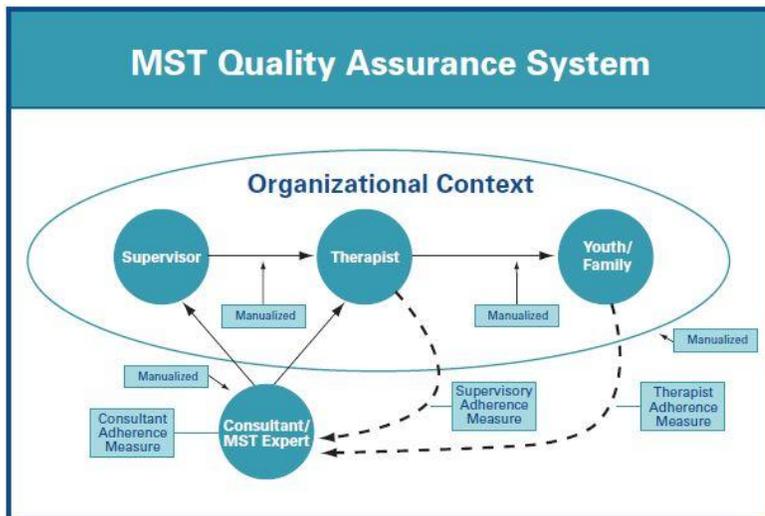
CAP Required: No	progress reports detailed."
<b>FTBS (Ingham)</b>	<b>Findings:</b> "Contract compliance and case file organization was excellent. No action is required of you as a result of this review."
Reviewer: MDHHS	
Date: June 9, 2016	
CAP Required: No	
<b>FRP (Ingham/Livingston)</b>	<b>Findings:</b> "It was evident that the team place a high priority on keeping families together by helping the child(ren) and family achieve and maintain permanency in the family home." There were also areas that required review and clarification. A CAP was submitted in November, which included plans to in-service staff and complete monthly file reviews to improve adherence to the FRP model.
Reviewer: MDHHS	
Date: August, 2016	
CAP Required: Yes	
<b>Wraparound (CEI CMH Contract)</b>	<b>Findings:</b> Strengths included consistent inclusion of required reports, individual weekly supervision, and increasing team membership. A CAP was submitted to address all areas of concern, especially regarding the writing and follow up on Outcomes per the program model.
Reviewer: MDHHS	
Date: August 15-24, 2016	
CAP Required: Yes	
<b>South Team</b>	
<b>Case Management (Jackson/Hillsdale)</b>	<b>Findings:</b> Overall, files were complete. No additional feedback or action steps were provided by the reviewer.
Reviewer: LifeWays	
Date: February 2016	
CAP Required: No	
<b>FTBS (Hillsdale)</b>	<b>Findings:</b> Files were found to be in compliance and no action was required following the case reading.
Reviewer: MDHHS	
Date: April 19, 2016	
CAP Required: No	
<b>Wraparound (Jackson/Hillsdale)</b>	<b>Findings:</b> Strengths included meeting model standards for individual supervision, caseload size, meeting frequency, strengths narratives, and team membership. Areas of concern were centered on the implementation of outcomes and clarification on some safety plans. A CAP was submitted in September to address all of the concerns outlined by the reviewer.
Reviewer: MDHHS	
Date: July 25-26, 2016	
CAP Required: Yes	

<b>FRP (Calhoun/Branch)</b>	<b>Findings:</b> Many areas reviewed had no concerns. The FRP Team's commitment to the integrity of the model was noted as a strength. Other areas required clarification, and a CAP was submitted, which included plans to in-service staff to review requirements and best practices to meet them.
Reviewer: MDHHS	
Date: September 26 & 28, 2016	
CAP Required: Yes	

In addition to audits of specific programs, Highfields also undergoes an annual financial audit, known as the A-133 audit. This was completed in May and June of 2016. The subsequent audit report reflected no significant findings and compliance with expectations.

## MST

Multi-Systemic Therapy, which Highfields offers in Livingston, 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 MST 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 MST team's implementation of MST. Copies of the PIR are available upon request.

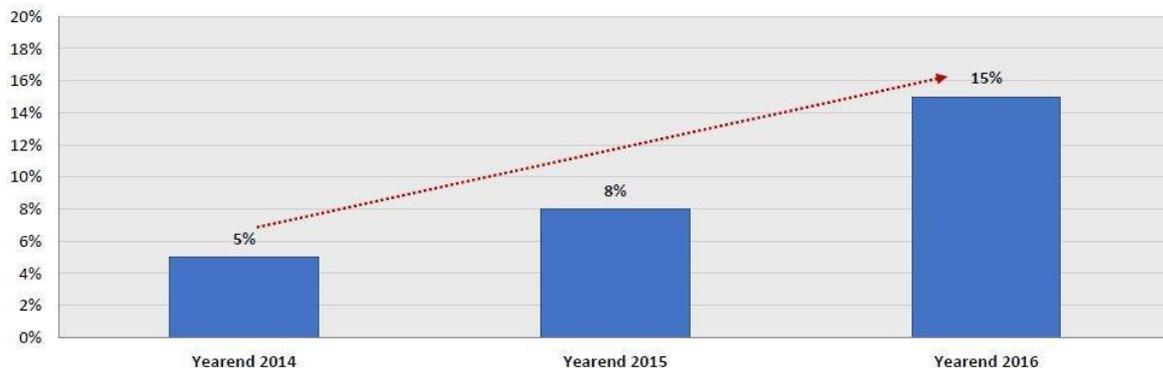
## Reaching Higher

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:

### **“Evaluation findings demonstrate that *Reaching Higher* has grown stronger and is making a positive difference in the lives of youth”**

- The percentage of active youth who participated 120 days or more has increased from 5% in 2014 to 15% in 2016 (see chart)
- Parents were engaged and participated in a number of opportunities offered by the program
- Participating youth improved significantly in demonstrating enjoyment, confidence, and competency in Reading, Writing, and Math

**Percentage of Active Youth Who Participated in *Reaching Higher* 120 Days or More: Yearend 2014 vs. Yearend 2015 vs. Yearend 2016**  
FROM P. 13 OF *HIGHFIELDS REACHING HIGHER FINAL EVALUATION REPORT*



- Youth demonstrated improvement in key behavioral, social- and life-skill outcomes, including:
  - Following classroom rules
  - Getting along well with peers
  - Looking for opportunities to engage in constructive activities
- More youth are turning in their homework assignments more regularly and on-time
- Youth expressed truly enjoying attending *Reaching Higher* and described liking time spent on homework and enrichment activities while learning and having fun.

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

- Continue to improve participant retention rates
- Improve upon homework being completed correctly
- Assisting staff in developing more diverse and engaging afterschool activities
- Incorporating more focused academic instruction
- 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: restrictive behavior management 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. Due to the long break in CQI Committee meetings, data for the entire 2016 calendar year was scheduled for review at the first meeting in 2017.

Reviews will continue to occur quarterly in 2017. 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, periodic audits, and case closing.
- 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 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 2016, they were scheduled quarterly, although the intended schedule was disrupted by the transition in Quality. Below is a summary of record reviews completed and their findings:

<b>Quarter 1 (January-March)</b>	
<b>Reaching Higher: Hunt Elementary and Gardner Middle Schools</b>	
Reviewer: Associate Director of Quality	Findings: A small number of forms were either missing or not signed; they were located or designated for follow up. No corrective plan required.
Date: February 2016	
Records reviewed: 38 Student Files (50%) 14 Staff Files (50%)	
<b>Case Management (Jackson/Hillsdale)</b>	
Reviewer: Associate Director of Quality and Case Management Supervisor	Findings: Overall, files were well maintained; a handful of reports were missing signatures from the family and two reports were incomplete. The CM supervisor reviewed all missing documentation with the assigned case managers with a deadline for follow up. No formal corrective plan was completed.
Date: January 2016	
Records reviewed: 10 of 46 case files read (22%)	
<b>MST (Jackson/Hillsdale)</b>	
Reviewer: Associate Director of Quality	Findings: Files were complete and well written with only minor corrections.
Date: February 2016	
Records reviewed: 2 of 14 case files read (14%)	

<b>FPP (Lenawee)</b>	
Reviewer: Associate Director of Quality	Findings: Reports were well written and the need for minor corrections was communicated to the FPP supervisor.
Date: February 2016	
Records reviewed: 2 of 19 case files read (11%)	
<b>Quarter 2 (April-June)</b>	
<b>FTBS (Hillsdale)</b>	
Reviewer: Associate Director of Quality	Findings: Overall, files were complete; staff was recognized for excellent documentation and reminded of few areas for clarification in the future.
Date: April 2016	
Records reviewed: 5 of 5 case files read (100%)	
<b>Phoenix (Residential)</b>	
Reviewer: Associate Director of Quality, Community Services Coordinator, and Billing Specialist	Findings: Four areas were identified as requiring changes, including filing mandatory forms, clarifying information in certain reports, and documentation of a medical checkup recorded in the file.
Date: June 2016	
Records reviewed: 10 of 10 case files read (100%)	The list of files read and recommendations for action were shared with the program supervisor.
<b>Quarter 3 (July-September)</b>	
*During this interval, no formal case record reviews were completed by Quality personnel, due to the resignation of the Associate Director of Quality and subsequent vacancy and restructuring of the position	
<b>Wraparound (Clinton/Eaton)</b>	
Reviewer: Director of Community Services and Wraparound Supervisor	Findings: Minor corrections were made in preparation for an audit; no major concerns were identified at this reading.
Date: August 2016	
Records reviewed: 8 of 41 case files read (20%)	
<b>FRP (Calhoun/Branch)</b>	
Reviewer: Community Services Coordinator and FRP supervisor	Findings: Minor corrections were made in preparation for an audit; no major concerns were identified at this reading
Date: September 2016	
Records reviewed: 3 of 7 case files read (43%)	

<b>Quarter 4 (October-December)</b>	
<b>Home-Based (Jackson/Hillsdale)</b>	
Reviewer: Director of Quality and Education	Findings: 17 of 20 records required little to no corrections and included strong documentation. The remaining three required more follow up, which was communicated with the immediate supervisor of each staff. Two were corrected within the identified timeframe and one was addressed through a formal Corrective Action Plan.
Date: November-December 2016	
Records reviewed: 20 of 102 case files read (20%)	
<b>Home-Based 0-3 (Jackson/Hillsdale)</b>	
Reviewer: Director of Quality and Education	Findings: Minor corrections were required and communicated to the immediate supervisor of each staff.
Date: December 2016	
Records reviewed: 2 of 18 case files read (11%)	
<b>Wraparound (Clinton/Eaton)</b>	
Reviewer: Director of Quality and Education and Wraparound Supervisor	Findings: Files were generally complete; staff was reminded of few areas for clarification in the future.
Date: November-December 2016	
Records reviewed: 4 of 41 case files read (10%)	
<b>Wraparound (Jackson/Hillsdale)</b>	
Reviewer: Director of Quality and Education with Wraparound Supervisor	Findings: Overall, files were well maintained with minor areas requiring clarification or follow up. Areas that had been identified in a recent CAP had not been fully implemented, in part due to turnover in the supervisor of the program. The Director of Quality met with the new supervisor to assist with implementing the CAP requirements and provide support in any other areas of concern.
Date: December 2016	
Records reviewed: 4 of 28 case files read (14%)	
<b>FTBS (Ingham/Eaton)</b>	
Reviewer: Director of Quality and Education and North Team Administrative Assistant	Findings: Overall files were complete and minor concerns were discussed with the FTBS supervisor.
Date: December 2016	
Records reviewed: 4 of 18 case files read (22%)	

<b>FRP (Calhoun/Branch)</b>	
Reviewer: Director of Quality and Education and FRP Supervisor	Findings: Files were generally complete; some new requirements have not yet been fully implemented and supervisor engaged in problem solving and planning to implement moving forward.
Date: December 2016	
Records reviewed: 2 of 6 case files read (33%)	
<b>FRP (Ingham/Livingston)</b>	
Reviewer: Director of Quality and Education and FRP Supervisor	Findings: Files appeared well maintained. As with South Team, some new requirements for documentation require planning for implementation moving forward.
Date: December 2016	
Records reviewed: 2 of 10 case files read (20%)	

Overall, reviews revealed positive trends in case documentation. During the last quarter, as any concerns or trends were revealed, the Director of Quality and 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.

In 2017, case record reviews will occur more periodically throughout the year. Rather than focusing on larger samples of cases in particular programs each quarter, the Director of Quality and Education will collaborate with the CQI Committee and program supervisors to review fewer cases across several programs more frequently when possible. This will ensure that action steps are being taken when they are identified, shorten the timeframe for follow up, and avoid challenges in file maintenance persisting over time.

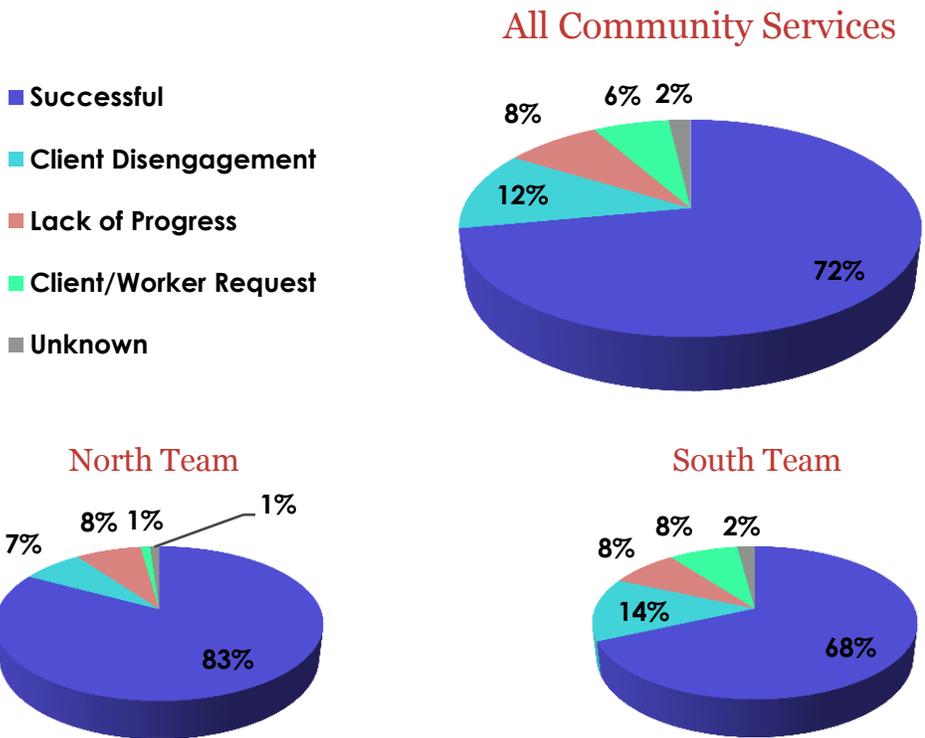
## Outcomes

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 2016 calendar year. Highfields also collects follow up data at 3, 6, and 12 month intervals. This report includes any follow-up contacts for cases that closed in the 2015 calendar year, as data collection for 2016 will continue throughout the current year.

## Community Services Discharge Data

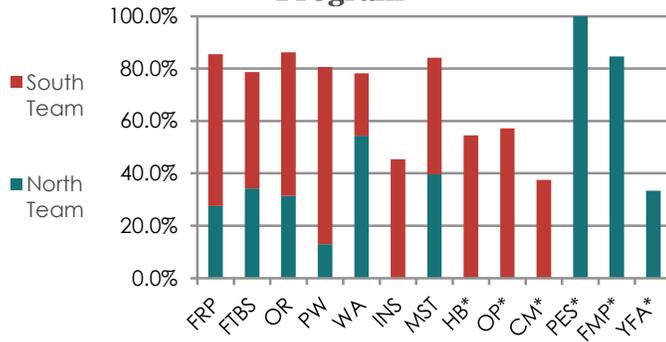
The majority of Community Services cases close successfully. In cases where they were not marked “successful,” the reason for discharge was sorted into four possible categories:

- **“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
- **“Unknown”** – The reason for closure was not clearly indicated at the time of data collection



Variations in the types of services offered in the North and South Teams may help account for the differences in reasons for closure. While both teams offer some of

**Rate of Successful Discharges by Program**



the same services in different counties, there are also some distinct differences. The chart on the left illustrates percentages of successful case closures organized by program (please refer to the Appendix for a glossary of terms if needed). The red and teal colors show the

distribution of cases throughout North and South Teams. Programs marked with an asterisk indicate that they are unique to their site (i.e. Home-Based or HB is exclusively in the South Team).

While more in-depth analysis may be beneficial to explore the data further, this chart appears to illuminate some basic trends in Community Services discharges. Of the eight programs with a successful discharge rate greater than 75%, seven have a predetermined length of service (usually between 3-6 months). Clients may be more likely to participate through successful completion when they have an end in sight. Six of these programs obtained most, if not all, of their referrals from the court or child welfare system. This suggests that the involvement of an outside source requesting or encouraging program participation is associated with higher levels of successful completion.

On the other hand, four of the five programs with successful discharge rates lower than 60% are completely voluntary, with many clients seeking services independently. Closing data from these programs indicate higher rates of client disengagement or requests to close prematurely. This suggests that discontinuing services prior to successful completion may be more likely when a client is seeking voluntary services, without the added impetus of the court or child welfare system. Additionally, these four programs have a much more flexible range for how long services may remain open, with some remaining open for several months to years, depending on the criteria. This suggests that an ambiguous timeframe may also result in fewer cases participating through successful completion.

Understanding these patterns and others that appear in closing data will help Community Services identify barriers and develop plans to address them.

Programs with high numbers of voluntary clients can benefit from implementing additional strategies to increase engagement and commitment early on.

### 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 2016 calendar year.

Program	HB	MST	WA	All
Average Improvement in Total Score	28	40	37	35
Improvement in 1 or More Outcome Indicators	69%	77%	84%	71%
Total Number of Cases	159	30	19	208

CAFAS defines Meaningful and Reliable Improvement as a decrease in Total Score by 20 points or greater. As demonstrated in the first line, the average improvement in score across all programs clearly exceeds this benchmark.

The CAFAS system utilizes two other Outcome Indicators in addition to Meaningful and Reliable Improvement, and tracks cases that meet at least one of the three Outcome Indicators. LifeWays benchmark for Home-Based cases in this area is 60%. Again, all programs exceeded expectations in this area.

### 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. The table below illustrates post-discharge trends among families Highfields was able to contact.

Follow Up: Community Services Discharged in 2015				
Time Frame	3 mo.	6 mo.	12 mo.	Total
Client/Family experienced success	88.0%	90.7%	90.7%	91.5%
Client still resides at home	70.0%	87.9%	96.7%	90.7%
Client attends school*	100.0%	96.9%	97.3%	97.2%

<b>No reported psychiatric hospitalizations</b>	100.0%	99.3%	98.1%	98.9%
<b>No reported substantiated PS reports</b>	100.0%	97.1%	98.1%	97.8%
<b>No reported arrests</b>	96.0%	97.1%	95.2%	96.3%
<b>No reported adjudications</b>	96.0%	97.1%	97.1%	97.0%
<b>No reported domestic violence</b>	96.0%	98.6%	96.2%	97.4%
<b>Total Number of Respondents</b>	25	140	105	270

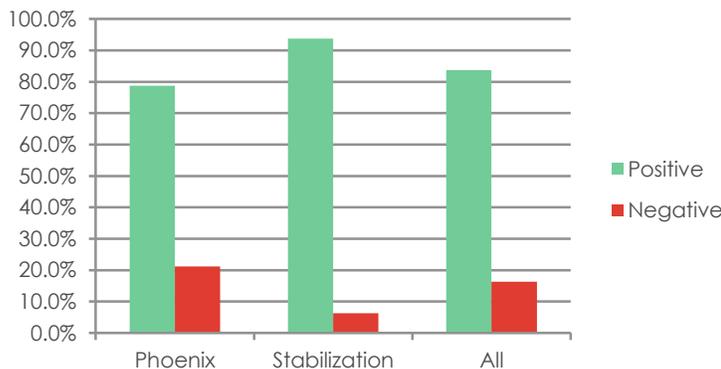
\* Only school aged clients were counted in this category

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. Rates were especially high in preventing psychiatric hospitalizations, which is a focus of most mental health contracts.

### Residential Services Discharge Data

In 2016, Residential Services discharged a total of 47 cases, with 31 in the Phoenix program and 16 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 accompanying chart demonstrates the high success rates both Phoenix and Stabilization were able to achieve in closing cases for positive reasons. The overall rate of successful discharges for Residential Services was 84%.

#### Residential Discharges



#### 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.

A total of 10 responses were received across both Phoenix and Stabilization for 6 and 12 month follow ups. Among those that responded, 5 of 10 expressed experiencing success and remaining in school. Unfortunately, the sample size makes it difficult to generalize the information obtained from these follow ups.

Nonetheless, discharge data makes the positive impact of Residential Services clear. Highfields will continue to provide excellent care to youth in its residential placement, with an ongoing commitment to collaborative treatment, community reintegration, and best practices.

## Satisfaction Surveys

Highfields distributes surveys at the end of services to measure both consumer and referring worker satisfaction with Highfields services. The 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 2016 calendar year:

Satisfaction Survey Results 2016		
COMMUNITY SERVICES	# Responses	Average Score
Consumers (South Team)	104	4.86
Consumers (North Team)	44	4.72
Referring Workers (South Team)	83	4.60
Referring Workers (North Team)	57	4.57
RESIDENTIAL SERVICES	# Responses	Average Score
Consumers	18	4.50
Referring Workers	12	4.71

## Timeliness

Highfields measures report timeliness across programs in a quarterly Scorecard. The Scorecard is typically reviewed in CQI Committee, Senior Leadership, and Leadership meetings. The Scorecard and timeliness data used to compile it are 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 2016:

DIVISION	QTR 1	QTR 2	QTR 3	QTR 4	2016 TOTAL
Residential	57%	51%	63%	72%	60%
North Team	96%	96%	96%	96%	96%
South Team	96%	97%	96%	90%	95%
Agency Total	95%	96%	95%	91%	94%

Issues with the State's MiSACWIS reporting system and within the internal database contributed to lower rates in Residential. Staff has continued to adapt to the MiSACWIS system in efforts to decrease the impact it will have on their timeliness. The Director of Quality and Education has collaborated with Residential Services to ensure that database issues no longer affect timeliness (effective as of Quarter 3). Ongoing collaboration will continue in order to monitor and maximize timeliness despite these barriers. Highfields standard of 90% report timeliness will continue into 2017 in effort to support all programs in reaching the benchmark.

## Summary

Highfields achieved several accomplishments in 2016 and remains committed to the CQI process, as reflected in this report. The former Associate Director of Quality position was restructured and filled as the Director of Quality and Education. Due to the transition, the CQI Committee had a break in meeting, but is scheduled to reconvene in 2017. The restructure will be reflected in the coming year's goals and projects for CQI.

Brenda Weck was awarded the Carl J. Latona Distinguished Services Award. Highfields also presented awards to recognize key stakeholders and community members at the Annual Meeting.

No significant concerns were identified through External Monitoring processes. Several programs were identified as being in compliance and achieving excellence. Any negative findings found in audits, case readings, and investigations were satisfactorily resolved with the submission of a CAP.

The majority of Highfields clients successfully complete services, with a positive discharge rate of 72% in Community Services and 84% in Residential Services. Follow up data for Community Services also shows that more than 90% of clients remain home, attend school, and do not have subsequent arrests, incidents of domestic violence, hospitalizations, or substantiated CPS involvement.

Highfields met the benchmark of an average 4.5 out of 5 score on Customer and Referring Worker Satisfaction Surveys. The agency also exceeded the timeliness benchmark of 90% with an average of 94% report timeliness.

CQI Goals for 2017 have been set to sustain the excellent progress Highfields has made and continue to focus on providing the highest quality services available.

**Report Prepared By:**

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**Director of Quality and 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.

**BCAL – Bureau of Child and Adult Licensing:** The former title of the state entity in charge of licensing. This is now the responsibility of the Department of Child Welfare Licensing.

**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.

**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 program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders. MST recognizes that each system plays a critical role in a youth's world and requires attention to improve the quality of life for youth and their families. Highfields offers MST in Livingston County 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.

**PES – Parenting for Educational Success:** a brief, in-home parenting education program offered in partnership with Ingham County Court Truancy Program. The program operated under a grant for the 2016 calendar year and is no longer offered since the grant ended.

**PW – Parenting Wisely:** an evidence-based, brief parent-education curriculum based on a series of videos and workbook assignments. Referral and funding sources vary between North and South Teams, though both provide the services.

**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.