



Continuous Quality Improvement Year-End Report

2021

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 Becky Womboldt, Director of Quality & Education at BWomboldt@highfields.org

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2021

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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 standards, corporate compliance regulations, and privacy and security guidelines.

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

CQI Committee Meetings

January 21, 2021

April 29, 2021

July 29, 2021

October 28, 2021

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 2021 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 2021

1. Improve/maintain paperwork timeliness at an average of 90% across all programs in the agency.
2. Increase completion of outcome forms by 50% agency wide by continuing to assess and change internal agency processes.
3. Increase completion of satisfaction surveys by 50% agency wide by reviewing internal agency policies.
4. Implement new database for the residential program to replace outdated database by September 2021.
5. Improve the outcomes database and tracking procedures to allow for better monitoring and improved outcomes.

Goals for 2022

1. Improve/maintain paperwork timeliness at an average of 90% across all programs in the agency.
2. Increase consistent completion of satisfaction surveys to 50% by increasing awareness of internal agency policies and increasing accountability.
3. Ensure the agency completes the necessary steps for the Council on Accreditation (COA) reaccreditation process.
4. Monitor progress of Highfields Five Year Strategic Plan and find opportunities to review progress with staff.

Review of 2021 Goals

1. Improve/maintain paperwork timeliness at an average of 90% across all programs in the agency.

Progress:

Continued efforts were focused on improving/maintaining paperwork timeliness at an average of 90% across all programs in the agency during 2021. The Director of Quality and Education along with the Billing and Quality Coordinator met regularly with individual teams to increase the capacity and efforts towards quality initiatives. This was beneficial in helping identify and overcome barriers to timeliness that were specific to individual teams or employees.

It is important to note that during 2021, COVID-19 continued to present challenges for our agency. There were periods of time that clinicians were not able to meet face-to-face with families due to safety protocols, and times when families were not seen if someone had contracted or were exposed to COVID-

19. This impacted the timeliness of reports. In addition, the prolonged stress of living and working during a pandemic wore greatly on our staff. The level of needs and stress of our clients increased tremendously, and the amount of community resources decreased. This all contributed to a slight decrease in the urgency of timeliness.

In 2020, 32% of programs met the paperwork timeliness standard average of 90% or higher. This decreased slightly to 25% in 2021. In addition, in 2020, 56% of programs met the paperwork timeliness standard average of 80% or higher. This average increased to 70% in 2021. The programs that appeared to struggle the most with maintaining paperwork timeliness above 80% were small programs comprised of one worker and a small caseload. In these situations, if one report was late, it greatly impacted the overall percentage.

2. Increase completion of outcome forms by 50% agency wide by continuing to assess and change internal agency processes.

Progress:

An enormous amount of time and energy was focused on increasing the completion rate of outcomes in 2021. The agency continued previous efforts of leadership routinely discussing the importance and benefits of increasing our outcome completion during team and agency meetings. In addition, the streamlined process of one person processing and distributing all the outcomes for the agency on a consistent timeline was continued.

In 2021, interventions focused on increasing accountability of completion of the outcomes and support for employees and supervisors in doing so. A follow up procedure was introduced in which an email was sent at the end of each month to those staff that had not yet completed their outcomes. The respective supervisor was also included in this email so that they could follow up with their staff. In addition, the Director of Quality created a list of "missing outcomes" for each quarter and sent a report of these to the leadership team for follow up. An Outcomes Guide for Supervisors was also created and distributed to the leadership team which outlined each step of the process. There were also specific individuals identified at each office that volunteered to assist with completing outcomes for staff no longer with the agency.

These interventions proved to be successful as evidenced by our overall agency outcome completion rate increasing to 85.6% for 2021 from 81.67% in 2020.

| | North Team | South Team | Residential |
|----|--------------|--------------|-------------|
| Q1 | 48.0% | 78.0% | 100% |
| Q2 | 76.7% | 79.4% | 100% |
| Q3 | 88.4% | 100% | 100% |
| Q4 | <u>66.5%</u> | <u>90.1%</u> | <u>100%</u> |
| | 69.9% | 86.9% | 100% |

AGENCY OUTCOME COMPLETION FOR 2021: 85.6%

3. Increase completion of satisfaction surveys by 50% agency wide by reviewing internal agency policies.

Progress:

The quality team had multiple discussions with the leadership team to determine what was driving the low completion rate of satisfaction surveys across the agency. It was determined that processes for distributing satisfaction surveys needed to be reviewed with teams to ensure everyone was aware of the ways in which surveys could be distributed:



Paper survey mailed to client



Paper survey in person



Link to survey sent via text or email to client



Link to survey provided in person

In addition, discussions with staff also focused on highlighting that the most effective means of receiving a completed survey from a client was to either provide them with a paper survey in person or provide them with the Survey Monkey link in person.

The quality team also began tracking completed satisfaction surveys and reported the data quarterly at the CQI meeting. Because the surveys are anonymous, we tracked how many cases successfully closed each month, along with how many satisfaction surveys were completed via Survey Monkey and paper survey. We also noted which program each completed survey came from. This assisted the leadership team in identifying which programs required more discussion/review of the process and which required praise for increases in completion rates.

Despite these efforts, return rates on satisfaction surveys decreased from 43% in 2020 to 30% in 2021. While we would have liked to see an increase, we do understand that stressors of the pandemic (staff shortages, staff turnover, increased client needs, etc.) continue to impact our ability to achieve in this area. Highfields plans to continue to focus on this in 2022.

4. Implement new database for the residential program to replace outdated database by September 2021.

Progress:

The new database, BizStream, began preliminary implementation in December 2020. It took several months of our Highfields team working with the BizStream team to customize the system to meet the needs of our residential program. In addition, staffing shortages and stressors of running a residential program during a pandemic slowed the implementation process. The new database was fully implemented in December 2021.

The Highfields team continues to communicate and work with the BizStream team to make changes so that the system is meeting the needs of our residential program. BizStream gathers feedback from our team along with their other customers and periodically makes changes to the system.

5. Improve the outcomes database and tracking procedures to allow for better monitoring and improved outcomes.

Progress:

There have been many interventions implemented to work towards improving the Community Services outcomes database (FAMCare) and tracking

procedures to allow for better monitoring and improved outcomes. First, Highfields Billing and Quality Specialist worked closely throughout the year with GVT to make improvements to the FAMCare database to ensure that the data in the reports was accurate. Second, staff were reminded monthly to complete any outstanding outcomes and at other time intervals for older outcomes that had still not been completed. In addition, efforts were made to ensure that supervisors were accurately inputting data into FAMCare on a consistent basis. An email was sent on a quarterly basis reminding supervisors to input all required FAMCare information by a specific date. Preliminary quarterly data was then shared with supervisors to ensure alignment. This allowed for necessary changes to be made prior to the quarterly data to be shared at the CQI meeting.

Planning

Long Term

The Highfields Board of Directors and Senior Leadership Team updated the Five-Year Strategic Plan in the fall of 2020. A copy of the plan is available on the [Highfields website](#). The overall goals of the Five-Year Plan include:

Priority 1: Programs and Services

Vision Statement: Provide high quality programs and services with fidelity that result in positive outcomes for children and families.

Priority 2: Development

Vision Statement: Create a growing, balanced development plan to support Highfields' programs, employees, and ensure positive outcomes for children and families.

Priority 3: Diversity, Equity and Inclusion

Vision Statement: Create an empowering environment based on principles of equity and inclusion that fosters the exchange of ideas, recognizes and challenges bias, and emphasizes the value of our collective differences to deliver equitable services to children and families.

Priority 4: Financial Stability and Growth

Vision Statement: Equip employees, services, and infrastructure with necessary resources to effectively sustain programming.

Priority 5: Employee Investment

Vision Statement: Invest in a workplace culture that supports, engages, and develops employees to positively impact children and families.

Priority 6: Facilities and Infrastructure

Vision Statement: Support employees and services through modern and safe facilities, current technology, and data security.

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

Short Term

On an annual basis, Highfields staff and supervisors participate in planning activities to integrate the priorities of the strategic plan and current needs of the community into the agency's programs. Annual goals are formed based on feedback from staff at an Agency Roundtable meeting, information from the CQI Year-End Report, results of any audits/monitoring activities, and current needs and conditions of the communities Highfields serves.

The Director of Quality & Education compiles the goals and strategies for approval by Senior Leadership.

A new annual short-term plan was adopted in December 2018. Progress toward goals were reviewed and monitored by the CQI Committee at their quarterly meetings. However, a new annual plan was delayed due to the planned changes in Highfields' strategic planning process and barriers presented by the COVID 19 pandemic. An updated plan is expected in response to the new strategic plan, currently scheduled for completion in 2022.

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 2021:

Employees

- Agency Roundtable meetings occurred on May 12th and October 20th via Zoom. Staff was recognized for two-, four-, and six-year service awards. Agency wide updates and trainings were provided. Training topics included annual mandatory trainings, quality, Diversity, Equity and Inclusion, and wellness in the workplace.
- Community Services Roundtable meetings for North (Lansing & Livingston Offices) and South (Jackson & Hillsdale Offices) Teams were held February 17th and June 16th via Zoom. Trainings at the meetings included corporate compliance, drug-free workplace, grievance and appeals, confidentiality, and blood borne pathogens. Updates regarding community services 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.
- While we were unable to hold our annual Employee Recognition Dinner in 2021, we still recognized several staff were for their length of service awards listed below:
 - 8 Year Dedication Award
 - Terra Chall
 - Butch Dashner
 - Christine Gjestland
 - Kristian Johnson
 - Tyler Jones
 - Chris Jurasek
 - Heather Ladd
 - Erin Lampani
 - Darrell Pruitt
 - Jacob Simmons
 - Takarra Wilson
 - 10 Year Caring Award
 - Velerie Allen
 - Kelly Corbett
 - Lara Hewson
 - David Leese
 - Eric Moor
 - Francisco Palacios

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.”

- Erika Phillips
- 15 Year Compassion Award
 - Dwayne Dennis
 - Julie Duffey
 - Troy Ivey
 - Brian Philson
 - Darryl Scott
 - Becky Womboldt
- 20-year Partnership Award
 - Janine Misner
 - Deanna Tiffany
 - Brenda Weck
- Carl J. Latona Distinguished Service Award
 - Tim Monroe

The Employee Satisfaction Survey was administered in February-March. Results were reviewed and discussed at Leadership and Board meetings, as well as with all staff at the May Roundtable meeting. Results are available for review upon request.

Board Members

- Board members participated in bi-monthly board and board committee meetings. All meetings were conducted via zoom. Notes from all meetings are maintained in a file at the Onondaga Campus. Board committees includes: Program, Fund Development, Personnel and Finance, Building and Sites, Executive and Endowment Committees.
- Board Chairperson Brandie Ekren and President/CEO Brian Philson chaired the 2021 Board Orientation on May 17th 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 28th via zoom. Past, present, and new board members as well as staff and Aldinger Scholarships Awardees participated. The following awards were also presented at the event:
 - The Robert L. Drake Citizenship Award
 - Stephen Zynda

- The Highfields Partnership Award
 - W.B. and Candace Thoman Foundation
- Aldinger Scholarship Awards
 - Lillian Bieszke
 - Aaron Brown
 - Taneekia Donnelly
 - Monique Jackman
 - Anamile Morejon-Quesada
 - Danielle Shortsle
- Emily Thompson
- Randi Tollison
- Evelyn Trumpey
- Marissa Vanwormer
- Sarah Williams

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 41st Annual Golf Outing took place on June 7th. Highfields was excited to be able to do an in-person event safely by scheduling staggered tee times. The event was well attended by donors, board members, staff, and other members of the community with 130 people in attendance.
- Highfields' Annual Strengthening Families Breakfast took place on October 7, 2021, at the Kellogg Center in East Lansing. There was also a virtual option for guests to stream the event via YouTube. We were grateful to have about 175 people attend the event in person, while about 60 guests watched online. The breakfast highlighted clients who have turned their lives around. The event raised over \$213,000 thanks to generous donors and supporters.
- Highfields' Annual Toy Drive, sponsored by WLNS Channel 6, took place in November – December of 2021. Toy drive boxes were placed at various mid-Michigan Ford Dealerships to collect donations to benefit children and families in Highfields' programs. We received 589 toys for about 200 children in our programs. Gifts were distributed to youth and families participating in Community Services and Residential Services in time for Christmas. We are grateful for the support of our community during the holiday season.

Referral Agencies

- Site visits and audits of case files took place during the year, although many of our audits were virtual due to the pandemic.
- 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 on a 5-point scale. 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 on a 5-point scale. Actual scores are available in the Internal Quality Monitoring section of this report.

Community Members

- Meetings with the Onondaga Neighborhood Watch remained on hold due to COVID 19 restrictions. Highfields plans to revisit these meetings once it is safe to do so.

Client Advocates

- Staff participated in ongoing meetings as part of Michigan Federation for Children and Families, Michigan Home-Based Family Services Association, LifeWays, MDHHS, 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 2019, Highfields has been accredited since 1995 through the National Council on Accreditation (COA). The agency's current accreditation is through May 31, 2023. We will begin the reaccreditation process again in 2022. Highfields is committed to continuing to uphold COA standards in all the work that it does, while continuing to improve upon services in ways that are meaningful and beneficial to the communities that we serve.

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 inspection occurred on September 16, 2021. The result was largely positive, with most areas in compliance. One area in which Highfields was not in compliance regarding resident restraints. As stated in the Corrective Action Plan (CAP) we developed, "Staff are still going through a culture change regarding the emergency rules and restraint changes." Another area in which Highfields was not in compliance was regarding employee records. "3 of 18 employee files did not have timely references. 2 of the 3 had 1 reference that was completed after the employee was hired. The third employee only had 2 references completed." A CAP was submitted to address these issues and was accepted in October 2021.

In 2021, there were eight special investigation reports from licensing. A CAP was submitted for five of the instances which were in turn accepted by licensing. The other three special investigations did not require a CAP due to no violations being established.

The Residential program also maintains status as a QRTP facility (Qualified Residential Treatment Provider), which qualifies the program to receive Title IV-E funding. Title IV-E specifies that a QRTP placement must meet the following criteria:

- 24/7 availability of nursing and clinical staff
- Trauma-informed treatment model
- Family outreach and inclusion
- Discharge and aftercare support for at least 6 months
- Licensed and nationally accredited

Community Services

Highfields last provided credentialing information to LifeWays in November 2021 and retains full credentialed status with LifeWays Community Mental Health to provide Home-Based, Multi-Systemic Therapy, Outpatient, Wraparound, and Case Management. LifeWays moved to an electronic credentialing software this year which allows Highfields to keep credentialing information up to date as it changes instead of on an annual basis. Highfields also maintains full credentialed status with Lenawee County Community Mental Health Authority (LCMHA) to provide the Family Preservation Program, and this is updated on an annual basis.

Reaching Higher

The Reaching Higher afterschool program requires each site to be licensed as a Child Care Center through the state of Michigan. In 2021, Hunt, Townsend, daVinci, North and Springport licenses were renewed. A new site was added in 2021 at East Jackson. In 2022, Attwood, Dwight Rich and Gardner licenses will be renewed.

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 2019 calendar year.

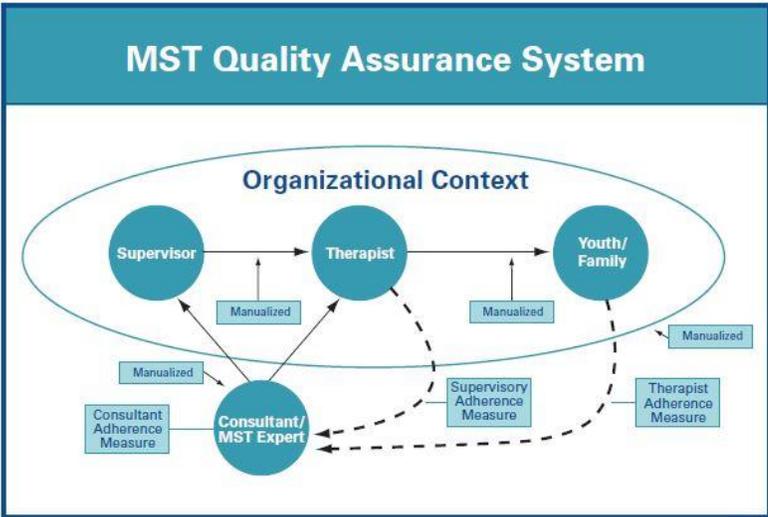
| Residential Services | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Western Wayne County/Growth Works | Findings: Highfields was in compliance and no CAP (Corrective Action Plan) was required. |
| Reviewer: Bridgeway Services | |
| Date: September, 2021 | |
| CAP Required: No | |
| Prison Rape Elimination Act (PREA) Compliance Check | Findings: Highfields was in compliance and no CAP was required. |
| Reviewer: PREA Juvenile Program | |
| Date: March 8-9, 2021 | |
| CAP Required: No | |
| Renewal Inspection | Findings: A CAP was required based on one area where documentation was missing in employee files regarding references and one area regarding restraints. The CAP was written and accepted. |
| Reviewer: MDHHS | |
| Date: September 16, 2021 | |
| CAP Required: Yes | |
| Community Services | |
| South Team | |
| Families Together Building Solutions (FTBS) (Branch County) | Findings: Highfields was in compliance and no CAP was required. |
| Reviewer: MDHHS | |
| Date: February 18, 2021 | |
| CAP Required: No | |
| Families Together Building Solutions (FTBS) (Hillsdale County) | Findings: A CAP was required to ensure appropriate documentation. The CAP was written and approved. |
| Reviewer: MDHHS | |
| Date: June 10, 2021 | |
| CAP Required: No | |
| Wraparound (WA) | Findings: Highfields was in compliance and no CAP was required. |
| Reviewer: LifeWays | |
| Date: July 23-24, 2021 | |
| CAP Required: No | |
| FRP (Calhoun/Branch) | Findings: A CWIP (case work improvement plan) was required to address additional documentation |
| Reviewer: MDHHS | |
| Date: February 26, 2021 | |

| | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| CAP Required: Yes | required in the ISP, USP, and closing summary. The CWIP was written and accepted. |
| Wraparound SEDW (severe emotional disturbance waiver) | Findings: A CAP was required to address seven specific areas. The CAP was written and accepted. |
| Reviewer: LifeWays | |
| Date: January 11, 2021 | |
| CAP Required: Yes | |

Highfields also undergoes an **annual financial audit**, known as the Uniform Guidance (formerly A-133) audit. This was completed in the summer of 2021. Note: Highfields received a clean, unmodified audit with no findings. The subsequent audit report is available upon request or directly on the Highfields website.

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 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 21st Century Community Learning Centers program each academic year. In October 2021, Oseela Nadine Thomas, PhD of Eval Global Solutions, LLC authored a report entitled *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 were adapted from the report and summarized below:

“Retention rate improved, largely as a result of a significant increase in retention at the Lansing Reaching Higher sites- Attwood, Dwight Rich, Gardner, and North, all of which were the only Reaching Higher sites that operated strictly virtual/at-a-distance. The other sites, that operated either in-person or a hybrid of virtual and in-person learning, experienced lower retention by yearend.”

- According to the yearend *Pandemic Student Survey*, most students (70%) were happy with the way *Reaching Higher* was run; and most were happy (73%) with how they were learning given their new setting.
- At yearend, 439 participants were registered at the program of which 311 remained active and 229 were considered regular participants, having participated 30 or more days. However, the number of active participating youth declined from last year's rate, but only by 9 percent.



- Reaching Higher* youth adjusted to the changes necessary due to the pandemic and made the most of the situation. They continued to gain the multitude of benefits that the program continued to provide them, including a safe outlet to connect with other peers on-line or in-person. Many youths lacked “connection” during the shutdown and having the space to do so was emotionally beneficial and positive for them during the pandemic. Some teachers were challenged with the changes, but they pressed on and carried out the program to the best of their abilities. Staff and leadership were creative and flexible and made the necessary changes so that youth could continue to participate, even during the pandemic shutdown. This is a true testament to the overall strength of the program built on a solid foundation of quality staffing and leadership.



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 Risk Management Review form includes information on 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. 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 and have the opportunity to review their progress with their assigned Highfields worker.

In addition to these regular reviews (North Team/South Team/Residential as well as reviews by Director of Quality & Education in preparation for audits and random sampling), during the closing process, cases are reviewed for missing paperwork, proper documentation, and to ensure HIPAA compliance. In 2021, we continued to work to increase the number of open case reviews completed on a quarterly basis. This has proven to be helpful in identifying trends and addressing with supervisors and employees prior to cases closing. Copies of the Case Record Review Quarterly Report are available upon request.

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 concerns and recognize areas of excellence.

Outcomes

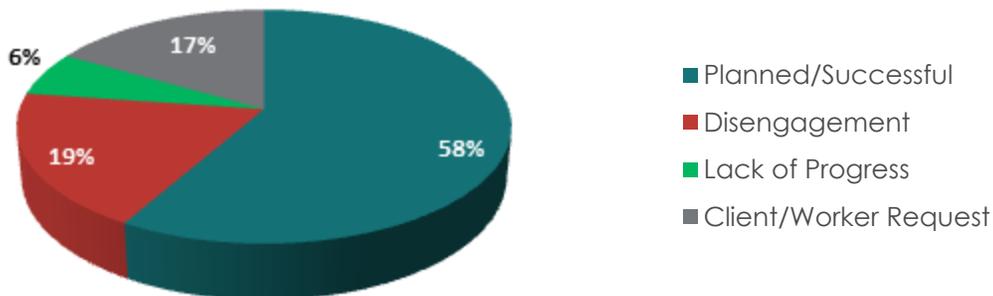
All Highfields programs collect data when cases close to track progress and better understand the strengths and barriers that affect case closure. Discharge data in this report covers cases closed in the 2021 calendar year. Highfields also collects follow up data at 3, 6 and 12 month intervals. This report includes any follow-up contacts for cases that closed in the 2021 calendar year, as data collection for 2022 will continue throughout the current year.

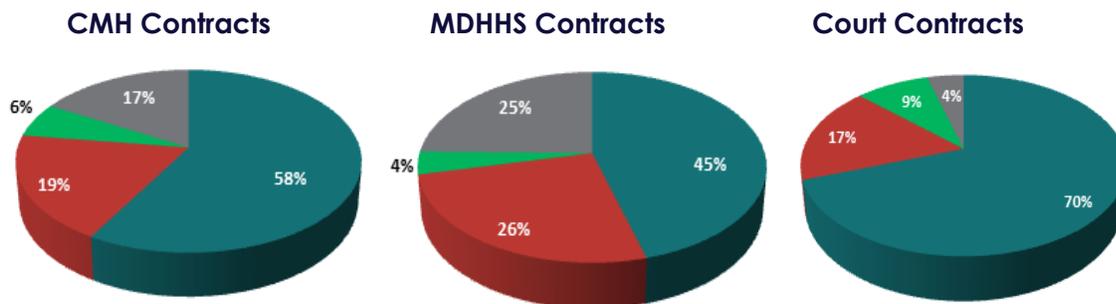
Community Services Discharge Data

A majority of Community Services cases closed successfully, meaning the client or family substantially met some or all of their goals and a plan was made for discharge. In cases not marked as “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
671 cases





The above charts demonstrate reasons for discharge in all Community Services programs. Fifty-eight percent of all Community Services cases were successful at the time of discharge; this is comparable to past years. In previous years, cases contracted through MDHHS and the Courts typically closed successfully at a higher rate than cases contracted through Community Mental Health (CMH) Authorities. We saw a new trend in 2021. The cases contracted through CMH, that closed successfully actually increased by 13%, the cases contracted through MDHHS that closed successfully decreased by 32%, and the cases contracted through the Courts that closed successfully decreased by 10%. The decrease in successful closing in MDHHS cases can be attributed in part to a few factors including inappropriate referrals where families needed more intensive services and families that were not ready for services as well. It is important to note that the rate of cases overall remained similar as previous years which is quite remarkable considering the many challenges that were faced due to COVID-19.

CAFAS Scores

CAFAS stands for Child and Adolescent Functional Assessment Scale. It is a standardized assessment for school-aged children and youth determining 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 2021 calendar year.

| Program | HB | MST | WA | All |
|---------------------------------------------|-----|-----|-----|-----|
| Average Improvement in Total Score | 31 | 30 | 25 | 30 |
| Improvement in 1 or More Outcome Indicators | 66% | 71% | 63% | 64% |
| Total Number of Cases | 85 | 31 | 24 | 164 |

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%. Even though overall scores decreased from 2020, 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. If a client cannot be contacted or requests 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 2021 | | | | |
|------------------------------------------------------------|--------------|--------------|---------------|-------------------|
| Time Frame | 3 mo. | 6 mo. | 12 mo. | Avg./Total |
| Client/Family experienced success | 96% | 88% | 86% | 90% |
| Client still resides at home | 100% | 96% | 95% | 97% |
| No reported legal or protective service involvement | 92% | 89% | 90% | 90% |
| Total Number of Respondents | 24 | 108 | 21 | 153 |

A majority of cases that closed successfully and engaged in follow up contacts provided information that indicated they continued to experience success since Highfields services ended. Even 12 months after discharge, 86% of respondents reported they experienced success and 95% reported the child still resided in the home. As stated earlier in this report, significant efforts were made in 2020 and 2021 to increase the rate of responses received. As a result, six-month response rates increased from 64 in 2020 to 108 in 2021, while our overall responses increased from 104 to 153.

Residential Services

Discharge Data

In 2021, Residential Services discharged a total of 34 cases, with 30 in the Phoenix program and 4 in the Stabilization program. The reason for closing is collected at discharge and is categorized as either positive or negative. Positive reasons included, graduation, release, and court de-escalation. Negative reasons may include, state initiated termination, administrative termination, AWOL (eloping) from campus, and AWOL (eloping) from a home visit.

The Stabilization program had a 50% rate of successful discharges, with both students returning to a family setting.

Sixty-three percent of discharges from the Phoenix program were positive, with all but three students returning to a family setting or living independently.

Follow Up Data

Residential Services attempts follow up contact with successfully discharged cases at 3, 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 19 responses were received across both Phoenix and Stabilization for 3, 6 and 12 month follow ups. Significant outcomes include:

- 50% self-reported experiencing success 3 months post discharge
- 100% self-reported experiencing success 12 months post discharge
- 100% had not been adjudicated or convicted within 6 months

The sample size was smaller in 2021 due to the number of students served in the Residential program being dramatically reduced due to COVID-19 infections, subsequent quarantining and staffing challenges.

"So thankful for all of the help and the courage to know I can do this."

-Anonymous

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 anonymously. All surveys utilize a five-point Likert scale, with one being the lowest possible score and five being the highest. The benchmark for satisfaction surveys is an average score of at least 4.5. Data reflects scores meeting the 4.5 threshold across the large majority of programs. The following results represent all survey responses received during the 2021 calendar year:



"Wonderful support - our family has grown and changed for the better. So much more than I could have ever imagined."

"The counselors are very kind and understanding. This program is very helpful and teaches good skills for parenting your child."

"We were heard and respected."

| Satisfaction Survey Results 2021 | | |
|----------------------------------|--------------------|----------------------|
| COMMUNITY SERVICES | | |
| | # Responses | Average Score |
| Clients (South Team) | 36 | 4.85 |
| Clients (North Team) | 60 | 4.83 |
| Referring Workers (South Team) | 16 | 5.0 |
| Referring Workers (North Team) | 9 | 4.86 |
| RESIDENTIAL SERVICES | | |
| | # Responses | Average Score |
| Clients | 13 | 4.60 |
| Referring Workers | 4 | 4.38 |

While we were pleased with the responses received, we continue work on increasing our data sample size. Web-based surveys were created and implemented in 2020 as an attempt to increase the ease with which respondents could complete the surveys. Internal process barriers, however, interrupted the full implementation and availability of the web-based format. We plan to focus on increasing urgency among staff by reviewing the expectations for completing surveys, and the importance of the feedback these provide. We also plan to review the multiple procedures that can be used to gather satisfaction surveys (e.g., web-based, paper) in addition to reminding staff where the links for web-based surveys can be found. It is our hope that as we implement these interventions and continue to assess the barriers, we will determine further interventions so that a larger data sample can be collected.

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. The agency wide timeliness benchmark is 90%. The following rates were achieved in 2021:

| DIVISION | QTR 1 | QTR 2 | QTR 3 | QTR 4 | 2020 AVG/TOTAL |
|--------------------|-------|-------|-------|--------|----------------|
| Residential | 92.3% | 100% | 95.6% | 92% | 94.98 % |
| North Team | 83.5% | 86.8% | 81.2% | 73% | 81.13% |
| South Team | 85.1% | 82.9% | 82.7% | 80.73% | 82.86% |

| | | | | | |
|---------------------|-----|-------|-------|-------|-------|
| Agency Total | 85% | 84.1% | 82.9% | 79.2% | 82.8% |
|---------------------|-----|-------|-------|-------|-------|

The Agency's overall total increased from 81.6% in 2020 to 82.8% in 2021.

Many factors contributed to these improvements which were stated previously in the section reviewing the progress of Goal 1. Highfields is committed to continuing to target low timeliness and incentivize performance in 2022. Our standard of 90% report timeliness will continue into 2022 in effort to support all programs in reaching the benchmark.

Summary

Highfields achieved several accomplishments in 2021 and remains committed to the CQI process, as reflected in this report. Throughout the year we continued to embrace the pandemic inspired tagline, "Same Mission-Different Strategies". As the world continued to struggle with the impact of the COVID-19, Highfields employees continued to persevere, ensuring they were present to provide quality services to meet the needs of youth and families in our communities.

Any questions, comments, or requests for additional information related to this report can be directed to the Director of Quality & Education at BWomboldt@highfields.org.

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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 LifeWays Community Mental Health, Livingston County 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.

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.

IH-Family Preservation: In-Home: IH is an in-home parent education program for families referred by MDHHS in Ingham County. IH workers complete strength and needs based assessments with families, formulate treatment goals and provide an evidence-based parenting curriculum throughout the provision of services.

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.

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 21st 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.