
Continuous Quality Improvement Year-End Report 2025



February 5, 2026

Highfields, Inc.

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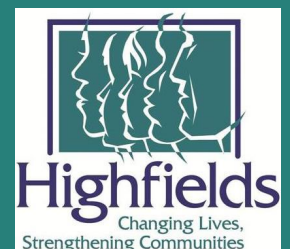


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Continuous Quality Improvement (CQI) Process and Purpose

CQI is an essential part of Highfields' services. As an organization, Highfields highly values employee and stakeholder involvement in conducting 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 (COA) standards, Michigan Department of Health and Human Services (MDHHS) standards, corporate compliance regulations, and privacy and security guidelines.

CQI Committee Meetings

January 16, 2025

April 24, 2025

July 17, 2025

October 16, 2025

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 comprised of representatives from many Highfields divisions and leadership. These include Residential Services, Community Services, Educational Services, Administrative Services, Finance, Human Resources, and the President/CEO.

This report covers calendar year 2025 and provides an overview of the activities of CQI initiatives and the how the agency performed.

The purpose of the CQI process is:

- To ensure the highest level of quality service provision to all clients
- To monitor critical aspects of the organization's service delivery
- To detect any areas of concern that should be addressed
- To facilitate the PDSA process to ensure identified performance areas relating to quality are addressed and supported
- To oversee corrective action plans to ensure identified areas of need are addressed
- To oversee the change process to prevent recurrence of identified problems
- To effect systemic change where needed in response to identified concerns

CQI Goals

Goals for 2025

- Improve/maintain paperwork timeliness at an average of 90% across all programs in the agency by implementing the PDSA cycle to increase accountability and remove barriers.
- Maintain survey completion rates of at least 50% across the agency by utilizing established band of acceptable performance and increasing supervisor accountability with monthly tracking sheets.
- Monitor progress of Highfields Five Year Strategic Plan by reviewing at each CQI meeting and continuing to review progress and gain feedback from staff at the May and October Agency Roundtable meetings.
- Increase implementation of PDSA cycle across the organization by the CQI team role modeling effective use of the process with leadership and staff.
- DHHS and HB programs will improve/maintain units at or above benchmark* for three consecutive quarters by implementing interventions developed by the CQI DHHS units and HB units workgroups. (*HB benchmark is 6, DHHS is 1 or 3)

-
- Review 2024 Outcomes data to identify trends of strengths and struggles. CQI team and program staff will develop action steps needed to improve program specific performance indicators identified in Logic Models.

Goals for 2026

- Improve/maintain paperwork timeliness at an average of 90% across all programs in the agency by implementing the PDSA cycle to increase accountability and remove barriers.
- Research and develop new survey questions by utilizing workgroups including clients and staff.
- Implement new Strategic Framework in first quarter and review progress at each CQI meeting while continuing to gain feedback from staff at the October Agency Roundtable meeting.
- Increase leadership skills with implementation of PDSA cycle across the organization with agency-wide training.
- DHHS and HB programs will show consistent progress toward meeting benchmark. Quality team will share quarterly data during team meetings and facilitate brainstorming sessions to identify strengths and barriers to goal progress.
- Review 2025 Outcomes data to identify trends of strengths and struggles. CQI team and program staff will develop action steps needed to improve program specific performance indicators identified in Logic Models.

Review of 2025 Goals

1. Improve/maintain paperwork timeliness at an average of 90% across all programs in the agency by implementing the PDSA cycle to increase accountability and remove barriers.

Progress:

The *Timeliness Policy and Expectations Guidelines* document was revamped in 2025 to include using the PDSA cycle to identify and work through barriers to reaching the timeliness goal and establishing a clear path for accountability for both staff and supervisors. The PDSA cycle was utilized in 2025 with four staff to help achieve their timeliness goal. Three of those staff saw an improvement in their timeliness through the process.

In 2025, 32% of programs either reached or exceed the 90% paperwork timeliness goal. This was a small increase over 2024. Additionally, another 32% of programs achieved between 80 and 89% timeliness. Overall, the agency averaged 86.7% timeliness for the year. The paperwork timeliness goal will continue through 2026 and will utilize the established band of acceptable performance of a 70% threshold to implement utilization of the PDSA cycle for teams and individuals that require additional assistance to achieve the agency goal.

2. Maintain survey completion rates of at least 50% across the agency by utilizing established band of acceptable performance and increasing supervisor accountability with monthly tracking sheets.

Progress:

Survey tracking sheets, along with a list of case closures were emailed to supervisors each month for 2025. Additional information regarding the number of disengaged closures was added to the tracking

sheet in July in an effort to determine a more concrete number of expected returned or completed surveys. Also, an additional question regarding how a survey was sent was added to the closing form to see if any of the ways in which the survey was completed were more prone to a higher return rate. Overall, the return rate was 48% for 2025, which was a decrease from 54% in 2024.

3. Monitor progress of Highfields Five Year Strategic Plan by reviewing at each CQI meeting and continuing to review progress and gain feedback from staff at the May and October Agency Roundtable meetings.

Progress:

In 2025, Highfields' Five-Year Strategic Plan underwent a transformation to a less formal Strategic Framework. Senior leaders and leadership teams collaborated to determine areas of focus and then included staff at the October Agency Round Table to narrow down the focus even further. The new framework will be shared at the January Board Meeting and then adopted by the agency after.

The CQI committee will review this new framework and monitor progress during CQI meetings in 2026. Feedback from staff will also be obtained at Agency Round Table meetings.

4. Increase implementation of PDSA cycle across the organization by the CQI team role modeling effective use of the process with leadership and staff.

Progress:

The PDSA cycle was implemented across the organization in 2025. The CQI team worked with multiple supervisors utilizing the PDSA cycle to help staff engage in the process of performance improvement through barrier identification and interventions to overcome the identified area of improvement. This process has been met with great success, with most staff who have utilized the process seeing improvement in the identified area.

5. DHHS and HB programs will improve/maintain units at or above benchmark for three consecutive quarters by implementing interventions developed by the CQI DHHS units and LW units workgroups.

Progress:

The CQI team continued to meet with both DHHS and HB staff to ensure continued improvement to reaching the units goals. Home Based (HB) interventions identified ensuring that staff had an engagement conversation with each client family. Supervisors worked with CMH to decrease non-engaged closure wait times, supervisors encouraged staff to meet clients for 2 hours per week instead of 1.5, and to be proactive about end of school, holidays, etc., noting that those times of year see a noticeable decrease in units.

One DHHS team had a significant amount of turnover in both staff and supervisors during the year which contributed to the lower units. During multiple meetings throughout the year, interventions were discussed including attending appointments even if not confirmed by client first, creating urgency on client's part, tracking individual staff units after billing cycle, and working with referring workers to support attempts to meet clients.

Overall, the HB units average for the year increased from 5.4 in 2024, to 5.8 in 2025, which is just under the 6 benchmark. FTBS units decreased from 2.23 to 1.75 in 2025, which was below the goal of 3, while IHFS units increased from 1.31 to 1.33 which is above the goal of 1.

6. Review 2024 outcomes data to identify trends of strengths and struggles. CQI team and program staff will develop action steps needed to improve program specific performance indicators identified in Logic Models.

Progress:

The CQI team continued to focus on return rates of outcomes which remains high. However, specific program performance was not evaluated during 2025. This goal will again continue for 2026, with the CQI team and program staff identifying action steps to improve any necessary specific performance indicators.

Planning



Long Term

This agency is moving from the traditional 5-year strategic plan to a more current "Strategic Framework" allowing for the process to be more fluid and adaptable. Senior leadership and leadership collaborated to determine areas of focus for the framework, and at the October Agency Roundtable, staff engaged in discussion to sum up Highfields in one word. Five or ten of those words will be used to create a phrase that embodies Highfields. This phrasing and the established areas of focus will be utilized in the new strategic framework that will serve for the 2026-2028 time period. The framework will be shared at the January meeting of the board of directors, and the two annual agency roundtable meetings to provide additional opportunities for feedback. A copy of the framework will be made available on the [Highfields website](#) when it is finalized.

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

Short Term

While the process had varied over the years, annually 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.

Stakeholders

Stakeholders participate 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 2025:

Employees

- Agency Roundtable meetings occurred on May 14th and October 15th in person at the Dart Family Foundation building at Highfields. Staff were recognized for two, four, and six-year service awards. Agency-wide updates and training were provided. Training topics included finance, Community Education and Engagement (formerly DEI), and team bonding. The Strategic Plan was also discussed at both meetings.
- Community Services Roundtable meetings for North (Lansing & Livingston offices) and South (Jackson & Hillsdale offices) Teams were held February 12th and July 30th at the Dart Family Foundation building at Highfields in Onondaga. Training at the meetings included documentation training, emotional PPE, interventions, tool sharing, SharePoint training, and motivational interviewing.
- Residential Services held monthly staff meetings and trainings, as well as quarterly Staff Forums.
- Leadership retreats were held on January 8th, and June 11th at the Dart Family Foundation building at Highfields. These retreats were extended meetings that included team development, and training on multiple topics.
- The annual Employee Recognition Dinner was held at Cascades Manor in Jackson on March 15th. Several staff were recognized for their length of service, and the recipient of the Carl J. Latona award was formally recognized.

Board Members

Board members participated in bi-monthly board and board committee meetings. Notes from all meetings are maintained electronically in a Drop Box file. Board committees include Programs, Fund Development, Personnel and Finance, Building and Sites, Executive, and Endowment Committees.

- Highfields Annual Meeting of the Board of Directors was held on April 30th at the University Club. Past, present, and new board members as well as staff and Aldinger Scholarships Awardees attended. Various awards were also presented at the event including the Robert L. Drake Citizenship Award, the Highfields Partnership Award, and multiple Aldinger Scholarship Awards.

Donors

- A donor survey was completed in 2025
- Donors and key stakeholders were mailed the Highfields Annual Report. It was also distributed to staff and made available on the Highfields website.

CARL J. LATONA DISTINGUISHED SERVICE AWARD

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

- The 45th Annual Golf Outing took place on June 2nd, and was attended well by over 150 donors, board members, staff, and other members of the many communities served by Highfields.



- Highfields' Annual Strengthening Families Breakfast took place on October 8, 2025, at Eagle Eye Banquet Center in Bath. The breakfast highlighted clients who have had positive experiences and success with help from Highfields and its staff.
- Highfields' Annual Toy Drive, sponsored by WLNS Channel 6, took place November 17th through December 15th of 2025. Toy drive boxes were placed at the WLNS studio, the Jackson and Lansing offices, and various Mid-Michigan Ford Dealerships to collect donations to benefit children and families in Highfields' programs. Over 1,700 toys were donated during the drive. The agency is grateful for the continued support during the holiday season from the multiple communities that Highfields serves.
- Giving Tuesday raised enough money with help from an anonymous donor matching the raised amount, to ensure that every teenager in Highfields Community Services programs received a gift card for the holiday season.

Referral Agencies

- Multiple site visits and audits of case files took place during the year
- Results of the audits and any subsequent Corrective Action Plans (CAPs) are available as needed. Any necessary CAPs were accepted by auditing bodies.
- Numerous presentations and meetings took place between the various county courts, Department of Health and Human Services, and Community Mental Health Authorities with whom Highfields contracts to provide services.
- Referring workers across all programs were sent satisfaction surveys at the end of services. Most teams saw an increase over 2024 and overall, averaged above 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 across all programs, Highfields once again exceeded the 4.5 benchmark score on a 5-point scale. Actual scores are available in the Internal Quality Monitoring section of this report.

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.
- Highfields CEO Brian Philson serves as the Board President-Elect for the Association of Social Work Boards and was present at the Council on Licensure, Enforcement and Regulation (CLEAR) International conference in Wellington, New Zealand in November. Brian also continues to serve on the Michigan Committee on Juvenile Justice (MCJJ) which advises Michigan's Governor on matters related to the Juvenile Justice and Delinquency Prevention Act.
- Staff also participate in the "Walk a Mile in My Shoes" Mental Health Awareness Day, "Out of the Darkness Walk" for Suicide Prevention, and Legislative day, among others.

External Quality Monitoring



Licensing

Highfields holds various licenses and credentials for its range of programs and services. Highfields has been accredited since 1995 through the National Council on Accreditation (COA). The agency's current accreditation is valid until May 31, 2027. The next reaccreditation cycle was initiated in November 2025. 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 it serves.

Residential Services

Highfields holds a license with the Division of Child Welfare Licensing (DCWL) through the state of Michigan 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, Children's Protective Services (CPS) will also investigate it. 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 inspection occurred in January 2025, where there was no CAP required and the regular license was awarded. A contract licensure was submitted in October, with the file portion submitted in early December, however as of this writing, the RCTAU had not finalized the audit.

In 2025, there were four special investigation reports from licensing. Two of those required a CAP, which were accepted by licensing. The two other investigations did not require a CAP due to no violations being identified.

The Residential program also maintains status as a Qualified Residential Treatment Provider (QRTP) facility, 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

A PREA audit was completed on July 15, 2025. Two issues were found, one was a door needing repair, the other regarding a monitoring log, which was discussed with staff and documentation of conversation provided to auditing body.

Community Services

Highfields provided credentialing information to LifeWays in June 2025 and retains full credentialed status with LifeWays Community Mental Health to provide Home-Based, Multi-Systemic Therapy, Outpatient, and Case Management services. Highfields also maintains full credentialed status with Livingston County Community Mental Health to provide Multisystemic Therapy.

Reaching Higher

The Reaching Higher afterschool program requires each site to be licensed as a Childcare Center through the state of Michigan. In 2025, Highfields facilitated the program at Attwood, East Jackson, Eaton Rapids, Hope (Q1-3), Hunt, Leslie, Mt. Hope, Springport, Townsend, Washington Woods (Q4), and Waverly. Some programs closed at the end of the 24/25 school year, while others opened at the beginning of the 25/26 school year.

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 2025 calendar year.

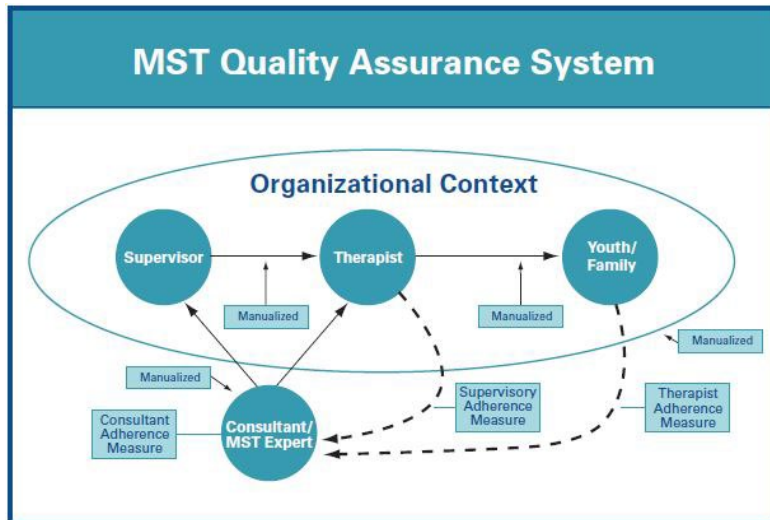
Residential Services	
Western Wayne County/Growth Works	Findings: Medication log availability at time of audit was named as an issue, as well as long-term availability after discharge. A database report was created, and long-term availability was verified w/ database administrator. Proof was provided to auditor. All other areas were in compliance.
Reviewer: Bridgeway Services	
Date: July 2025	
CAP Required: No	
Prison Rape Elimination Act (PREA) Compliance Check	Findings: Two recommendations made requiring fixing a door and reviewing the retaliation monitoring policy. Proof of both was submitted and PASS was approved
Reviewer: PREA Juvenile Program	
Date: July 15, 2025	
CAP Required: No	
Renewal Inspection	Findings: Highfields was in “substantial compliance with applicable licensing statues and rules”.
Reviewer: MDHHS	
Date: January 23, 2025	
CAP Required: No	

Community Services	
South Team	
IHFS Hillsdale	Findings: Highfields is in compliance
Reviewer: MDHHS	
Date: October 16, 2025	
CAP Required: No	
FTBS Jackson	Findings: a few paperwork issues were identified; however, Highfields was not required to complete corrective action.
Reviewer: MDHHS	
Date: March 6, 2025	
CAP Required: No	
LifeWays MST Claims audit	Findings: Highfields scored 20/20.
Reviewer: LifeWays CMH	
Date: August 2025	
CAP Required: No	
LifeWays Credentialing	Findings: Credentialing was approved until 6/27/28
Reviewer: LifeWays CMH	
Date: June 27, 2025	
CAP Required: No	
North Team	
FTBS Gratiot	The audit was for 3 FTBS programs conducted simultaneously; Gratiot, Ingham and Clinton/Eaton. Findings: Three areas were noted to work on, however Highfields was in compliance with no corrective action required.
Reviewer: MDHHS	
Date: July 2025	
CAP Required: No	
FTBS Ingham	The audit was for 3 FTBS programs conducted simultaneously; Gratiot, Ingham and Clinton/Eaton. Findings: Three areas were noted to work on, however Highfields was in compliance with no corrective action required.
Reviewer: MDHHS	
Date: July 2025	
CAP Required: No	
FTBS Clinton/ Eaton	The audit was for 3 FTBS programs conducted simultaneously; Gratiot, Ingham and Clinton/Eaton. Findings: Three areas were noted to work on, however Highfields was in compliance with no corrective action required.
Reviewer: MDHHS	
Date: July 2025	
CAP Required: No	
Educational Services	
21 st Century Community Learning Centers	Findings: three areas were noted for compliance including to continue providing specific training for sites & staff.
Reviewer: MI Dept. of Education	
Date: April 24, 2025	
CAP Required: No	

Highfields also undergoes an annual financial audit, known as a single audit. This was completed in the summer of 2025. The report did find one issue where the organization fell victim to an illegal wire transfer as a result of a cyber-attack. No corrective action was required; however, the recommendation was made to review policies and procedures and provide regular training on prevention. The subsequent audit report is available upon request and 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 conducted. 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 course for MST. On a quarterly basis, teams are provided MST Booster training 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.

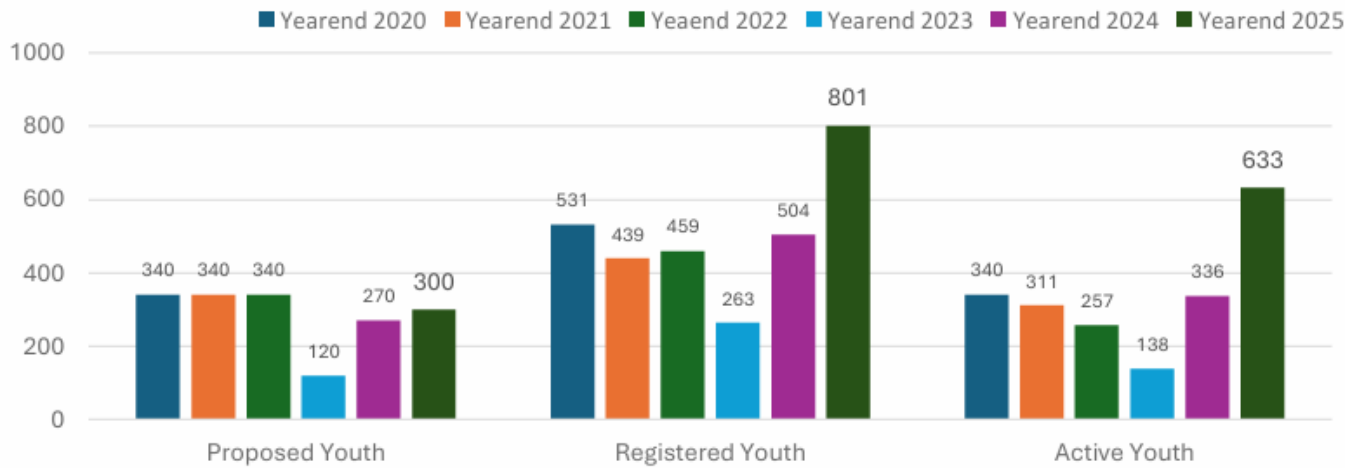
Reaching Higher

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 2025, 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. A copy of the full report is available upon request and is on Highfields' website. Key findings were adapted from the report and summarized below:

The program was implemented and facilitated across ten schools: Attwood, East Jackson, Eaton Rapids, Hope (Q1-3), Hunt, Leslie, Mount Hope, Springport, Townsend, Washington Woods (Q4), and Waverly. Overall, the program "aimed to provide a safe, supportive, and enriching environment during the afterschool hours for children and youth to engage in learning, personal growth, and development that fosters improved academics, life skills, and positive youth development."

"The Highfields' Reaching Higher program demonstrated significant success during the 2024-25 program year, substantially exceeding its grant benchmarks for youth enrollment and participation. An analysis of program data indicates that the initiative's reach was more than double what was initially projected, solidifying its role as a valued resource in the community."

Chart 1. Student Enrollment: Yearend 2020 – Yearend 2025



A core goal of Reaching Higher is meaningful engagement of parents and families, a cornerstone of high-quality out-of-school (OST) time programming. Families who

participate help build an important “continuum of learning” between OST programming, the school, and home, reinforcing key skills and values in children and youth across every setting. By bridging the gap between these different learning environments, they create a strong partnership. Research confirms this triadic partnership of the home-school-program is directly linked to a wide range of benefits for students, including improved academic performance, higher rates of homework completion, better program attendance, and enhanced social-emotional skills.

A Triadic Partnership between Families, Schools, and Afterschool Programs



A comprehensive Parent Survey was conducted with nineteen parents and caregivers participating across three locations. Although the parent/caregiver data cannot be generalized due to the limited sample size, the feedback provides insights into their experiences and perceptions. “Despite the small sample size, the results are overwhelmingly positive, indicating that the program is highly trusted and deeply valued by the families.”

A student survey of 72 students across seven sites was conducted and “the self-reported data revealed a clear pattern of program effectiveness, indicating that the program had a significant influence on observable school-related behaviors and practical skills.” The findings indicated that a substantial majority of students credit the Reaching Higher program with improving their **school attendance (66%)** and helping them **complete their homework on time (62%)** since they began attending the program. Participants also credit the program with helping them improve in key pro-social and communication skills, such as **helping others (60%)**, and **“explaining myself so that others understand me” (59%)**.

“The comprehensive evaluation of the Highfields’ Reaching Higher program for the 2024-2025 program year paints an unequivocal picture of a high-impact and essential community resource. An analysis of quantitative and qualitative data from all key participant groups – students, families, after-school staff, and school-day teachers converges on a single, powerful conclusion; the program is a model of success, dramatically exceeding its core service goals while earning the profound trust of the communities it serves.”

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 member of staff.
 - In 2025, supervisors from all community services programs were conducting reviews on a consistent basis.
- Administrative assistants review cases for necessary documentation at case opening, monthly or bi-monthly billing, and at case closing.
- The Quality and Education Coordinator does random open file reviews across all programs throughout the year. The number of reviews is determined by the COA file review guidelines.
- Clients and/or their guardians are provided copies of most reports pertaining to their care and can review their progress with their assigned Highfields worker.

In addition to these regular reviews (North Team/South Team/Residential as well as reviews by Q&E Coordinator 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 2025, a total of 719 case files were reviewed, which was an increase from 621 in 2024. The quality team utilized the PDSA process to help Community Services supervisors establish a routine to ensure that file reviews were regularly completed for their programs. The Residential Quality Coordinator reviews both open and closed files each quarter. The purpose of the file reviews is to notice trends early so that adjustments can be made prior to cases closing.

Case documentation continued to improve in areas that were of concern in 2024. The quality team met with supervisors and teams to review strengths and weaknesses discovered in case records. This ongoing collaboration continues to address any concerns and recognize areas of excellence. Copies of the Case Record Review Quarterly Report are available upon request.

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 2025 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 2024 calendar year and some in 2025. Data collection for 2025 will continue throughout the current year.

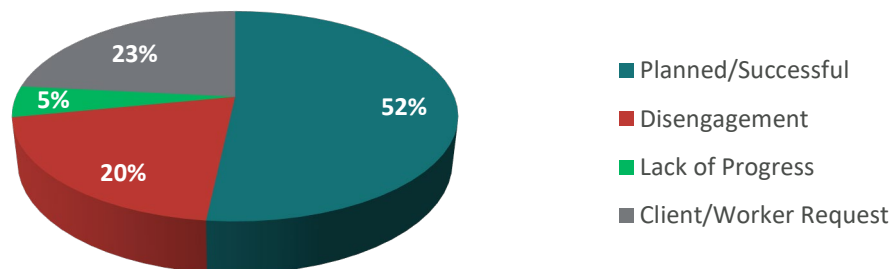
Community Services

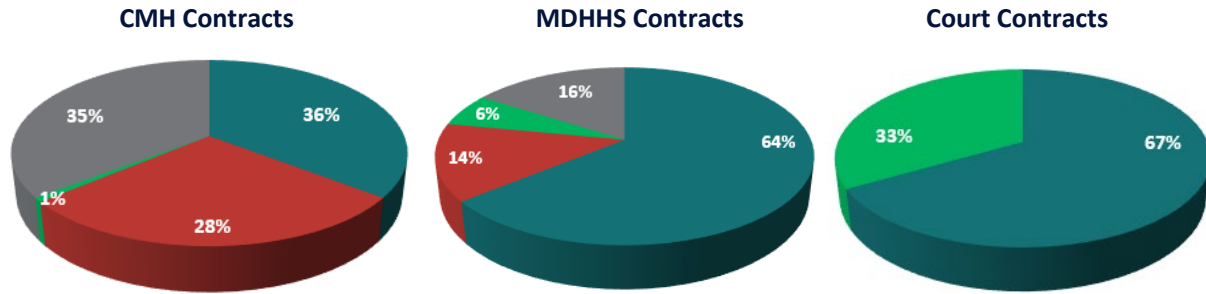
Discharge Data

Most Community Services cases closed successfully, meaning the client or family 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





The above charts demonstrate reasons for discharge in all Community Services programs. Fifty-two percent of all Community Services cases were successful at the time of discharge. All programs saw a decrease in successfully closed cases again for 2025. All contracts saw an increase of cases closed due to disengagement except for court cases. CMH and MDHHS contracts saw a decrease in cases that closed due to lack of progress.

MichiCANS

MichiCANS stands for Michigan Child and Adolescent Needs and Strengths. It is a standardized tool for school-aged children and youth designed to help understand the needs and strengths of children and their families, to facilitate informed decision-making in care planning. Most of the program contracts Highfields holds with LifeWays are required to administer the MichiCANS at case opening, when a major change occurs, and at discharge.

The MichiCANS was implemented in October 2024, however it has not been fully adopted by the CMH that Highfields is contracted with, therefore data is not available.

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 cases discharged as planned/successful, client disengaged, lack of progress, and at client/worker request, not all clients respond, or some 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 2024 & 2025				
Time Frame	3 mo.	6 mo.	12 mo.	Avg./Total
Client/Family experienced success	89%	86%	83%	86%
Client still resides at home	93%	96%	94%	94%
No reported legal or protective service involvement	100%	89%	94%	94%
Total Number of Respondents	27	108	77	212

The majority of cases that closed during 2024 & 2025 and provided follow-up data, experienced success at 3, 6, and 12-months. At all follow-up intervals, at least 90% of clients had their children

residing in the home. At least 89% of families had no legal or protective service involvement across all programs and follow-up intervals.

Residential Services

Discharge Data

Residential Services discharged a total of 23 cases in 2025. 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.

Seventy-four percent of discharges from the Phoenix program were positive, which was a 10% increase from 2024. All of those youth returned to either a family setting or are living independently.

Follow Up Data

Residential Services attempts follow-up contact with successfully discharged cases at 6- and 12-months post-closure. Like Community Services, not all clients respond. This, combined with the smaller sample size of cases, results in lower responses.

A total of eighteen responses were received for Phoenix 6- and 12-month follow-ups. Significant outcomes include:

- 61% had not been adjudicated or convicted within 6 months
- 75% had not been adjudicated or convicted 12 months post discharge

Enrollment in the residential program has increased in 2025. The goal is to provide services to 24 students, however staffing challenges continued to be a barrier to achieving the goal. The number of enrolled students has increased steadily over the course of the year.

Satisfaction Surveys

Highfields distributes surveys at the end of services to measure both client and referring worker satisfaction with Highfields' services. Client surveys are completely anonymous. All surveys utilize a five-point Likert scale, with one being the lowest possible score and five being the highest. The benchmark for satisfaction surveys is an average score of at least 4.5. Data reflects scores meeting the 4.5 threshold across almost all programs. The following results represent all survey responses received during the 2025 calendar year:



“They always make sure I have the resources I need and are very clear with communication.” - CM

“Thank you for all the help and understanding.” - OR

“Every client I’ve referred loves the program.” - IHFS

Satisfaction Survey Results 2025		
COMMUNITY SERVICES	# Responses	Average Score
Clients (South Team)	56	4.79
Clients (North Team)	79	4.79
Referring Workers (South Team)	17	4.22
Referring Workers (North Team)	19	4.82
RESIDENTIAL SERVICES	# Responses	Average Score
Clients	23	4.62
Referring Workers	3	4.63

The customer satisfaction response rate remained consistent on both the North and South teams, while Residential saw a significant increase in participation. Referring worker responses increased slightly between 2024 and 2025. Monthly tracking info was emailed to supervisors throughout the year. Cases that closed no-count, state or administrative termination, and AWOL were not sent a survey. Also noted on the tracking sheet, were cases that disengaged, with the acknowledgement that there was less likely to be a response. Return rate information continues to be shared at all-staff meetings each quarter. Overall, responses were positive across all programs.

Timeliness

Highfields measures report timeliness across programs in a quarterly Scorecard. The Scorecard is typically reviewed in CQI Committee, Senior Leadership, Leadership, and all-staff meetings. It is available upon request. The agency wide timeliness benchmark is 90%. The following rates were achieved in 2025:

DIVISION	QTR 1	QTR 2	QTR 3	QTR 4	2025 AVG/TOTAL
Residential	92.9%	100%	91.7%	94.1%	94.68%
North Team	96.2%	84.1%	82.6%	89.9%	88.2%
South Team	85.8%	86.6%	86%	84.5%	85.73%
Agency Total	87.8%	86.4%	85.4%	86%	86.4%

The Agency's overall total increased from 85.13% in 2024 to 86.4%. As seen in the table above, Highfields has hovered in the roughly mid 80% range for the entire year.

Reaching the timeliness goal of 90% continues to be major focus for the CQI committee, and the agency as a whole. The CQI team will utilize the PDSA cycle in 2026 with teams who fall below the band of acceptable performance of 70% established within the timeliness workgroup.

Summary

The CQI team will continue to walk alongside staff and supervisors to support efforts to not only meet established goals, but to improve upon services, and the continued commitment to providing excellent service delivery across all areas of the agency. The CQI Team, supervisors, and staff are looking forward to 2026 to improve upon services in ways that are meaningful and beneficial to the lives of the clients and families in the many communities that Highfields serves.

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