Continuous Quality Improvement Plan

Revised February 2020

This plan outlines the standards and processes that Highfields has adopted to demonstrate its commitment to offering the highest quality services by always seeking ways to improve. Questions or comments regarding this plan and its contents can be directed to the Director of Quality and Education

Continuous Quality Improvement Plan

Table of Contents

Appendix

Mission Statement

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

Introduction

History

Highfields, Inc. began in 1962 as a residential camp for troubled boys in Ingham County. Our founders truly believed that with the right opportunities and resources, people can change their lives for the better. Since then, we have grown into a multi-purpose, human services organization that touches more than 8,000 people each year. We operate out of five offices to provide a wide array of counseling, intervention, training and support services to children, youth, parents, families and organizations throughout Michigan.

Our organization has three main divisions: Community Services, Educational Services and Residential Services. Details about the programs offered under each division can be found on our website: www.highfields.org.

Philosophy

Continuous Quality Improvement (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.

As Highfields has grown both geographically and programmatically, our CQI processes have also evolved to embrace the challenges and opportunities of an increasingly diverse agency. Under the leadership of the Director of Quality and Education (Q&E), Highfields collects data from a variety of internal and external sources to promote positive changes throughout the agency. The CQI Committee, which was formed in 2005 and consists of a range of Highfields staff, plays an important role in collaborating to address ways the agency may improve its services. Highfields prides itself on a culture of open communication and collaboration, which is vital to successfully promoting any quality initiatives. In the spirit of collaboration, please feel free to contact the Director of Q&E with any feedback on our CQI Plan.

Stakeholders

Through the variety of programs that Highfields offers, we touch many lives and have many different stakeholders. Stakeholder groups and how they are involved are detailed in the following section.
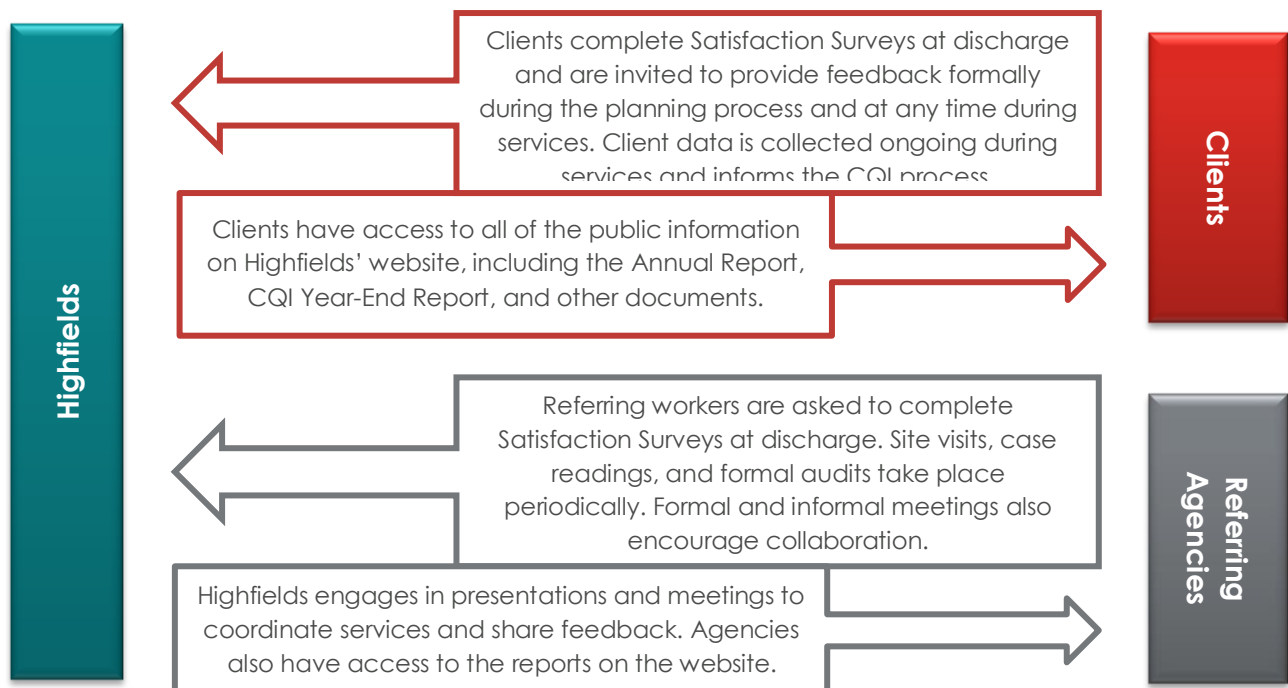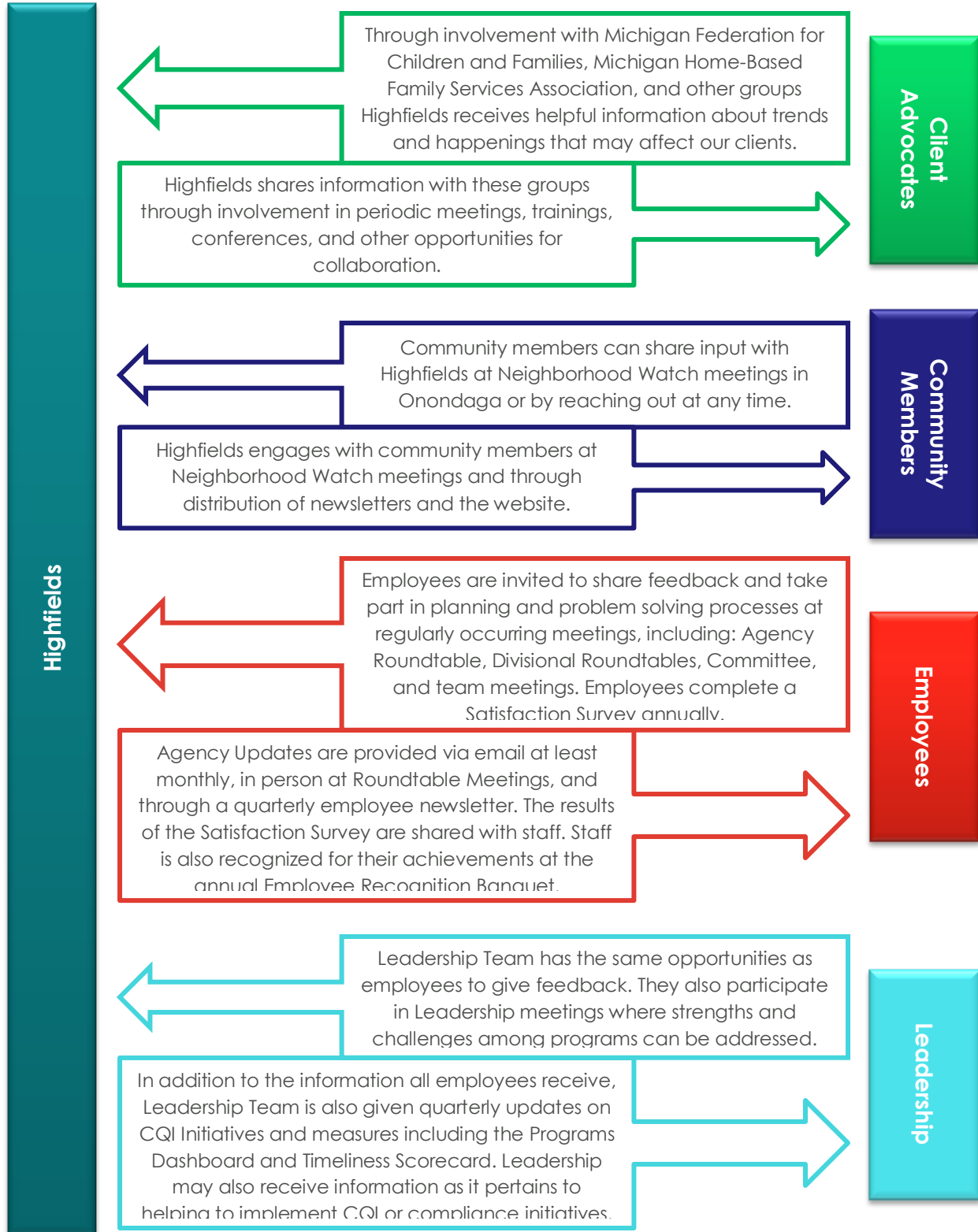
Stakeholder Groups

- Clients – The children, youth, and families who are served by Highfields programs

- Referring Agencies – Agencies that refer clients to Highfields services, which may include Michigan Department of Health and Human Services (MDHHS), Community Mental Health Authorities, Courts, and a range of other human service organizations

- Client Advocates – Groups that advocate on behalf of children, youth, and families such as the Michigan Federation for Children and Families, Michigan Home-Based Family Services Association, Michigan Association for Infant Mental Health, and others

- Community Members – Members of the communities in which Highfields provides services

- Employees – Staff of Highfields, including all offices and programs

- Leadership Team – Staff of Highfields fulfilling leadership and supervisory roles

- Board Members – Members of Highfields' governing body

- Donors – Generous supporters of Highfields' mission and services

Stakeholder Involvement

Highfields values input from all stakeholders in realizing our mission. In addition to formal processes that elicit feedback, Highfields embraces a philosophy of open communication. Stakeholders should feel free to contact the agency at any time to share their thoughts and be heard. Diagrams on the following pages illustrate the central feedback loops currently in place to ensure important information is transmitted between the agency and it stakeholders.

Highfields

Clients

Clients complete Satisfaction Surveys at discharge and are invited to provide feedback formally during the planning process and at any time during services. Client data is collected ongoing during services and informs the CQI process.

Clients have access to all of the public information on Highfields' website, including the Annual Report, CQI Year-End Report, and other documents.

Referring Agencies

Referring workers are asked to complete Satisfaction Surveys at discharge. Site visits, case readings, and formal audits take place periodically. Formal and informal meetings also encourage collaboration.

Highfields engages in presentations and meetings to coordinate services and share feedback. Agencies also have access to the reports on the website.

Highfields

Client Advocates

Through involvement with Michigan Federation for Children and Families, Michigan Home-Based Family Services Association, and other groups Highfields receives helpful information about trends and happenings that may affect our clients.

Highfields shares information with these groups through involvement in periodic meetings, trainings, conferences, and other opportunities for collaboration.

Community Members

Community members can share input with Highfields at Neighborhood Watch meetings in Onondaga or by reaching out at any time.

Highfields engages with community members at Neighborhood Watch meetings and through distribution of newsletters and the website.

Employees

Employees are invited to share feedback and take part in planning and problem solving processes at regularly occurring meetings, including: Agency Roundtable, Divisional Roundtables, Committee, and team meetings. Employees complete a Satisfaction Survey annually.

Agency Updates are provided via email at least monthly, in person at Roundtable Meetings, and through a quarterly employee newsletter. The results of the Satisfaction Survey are shared with staff. Staff is also recognized for their achievements at the annual Employee Recognition Banquet.

Leadership

Leadership Team has the same opportunities as employees to give feedback. They also participate in Leadership meetings where strengths and challenges among programs can be addressed.

In addition to the information all employees receive, Leadership Team is also given quarterly updates on CQI Initiatives and measures including the Programs Dashboard and Timeliness Scorecard. Leadership may also receive information as it pertains to helping to implement CQI or compliance initiatives.

Board Members participate in bi-monthly board and board committee meetings, including Program, Fund Development, Personnel and Finance, Building and Sites, Executive, and Endowment Committees.

Board Members complete orientation at the start of their term and are provided agency updates via email and in person at board and committee meetings. Board Members have opportunities to attend events such as Ingham Academy Graduation, the Strengthening Families Breakfast, and Thanksgiving at the residential campus.

Highfields

Board Members

Invitations to share feedback are included in many of the publications as well as quarterly pledge statements that donors receive. Highfields will occasionally complete a donor survey, although it is not done on a reaular schedule.

Donors are mailed the Highfields Annual Report, and invited to participate in a range of fundraising activities that include updates from the agency. These include the Golf Outing, Garden Gala, and Strenathenina Families Breakfast.

Donors

CQI Structure

The structure of Highfields CQI program has evolved over time, including which staff within the agency plays key roles. At this time, the central figure in the CQI structure is the Director of Q&E, whose role is to promote professional excellence and continuous improvement in programming through the coordination of education and staff development; and the administration of evaluation measures of contracts, licensing and accreditation, corporate compliance, and HIPAA standards.

The Director of Q&E is responsible for the following essential CQI tasks:

- Organize and chair quarterly CQI Committee Meetings
- Develop and coordinate outcome and evaluation programs
- Collect and analyze data from programs and surveys
- Compose and distribute quarterly quality reports, including:
    o Dashboard of Programs
    o Timeliness Scorecard
    o Risk Management Review
    o Case Record Reviews
- Communicate significant quality matters with leadership

- Serve as a resource to staff and supervisors when corrective action is required
- Compose the CQI Year-End Report
- Develop and revise the CQI Plan with support from the CQI Committee
- Act as primary contact for the Council on Accreditation

The CQI Committee meets on a quarterly basis, but can be convened more frequently should the need arise. The committee was formed in 2005 and membership may vary, though there is typically representation from the President or Vice President, Finance, Human Resources, North Team Community Services, South Team Community Services, and Residential Services. A list of current CQI Committee members is included in the appendix. Standing agenda items include reviewing the following CQI areas:

- Quarterly quality reports (listed above; samples appended)
- Mandatory training needs
- Strengths and needs for programs
- Recent or upcoming audits, inspections, or case reviews
- Implementation of any Corrective Action Plans

The CQI Committee will also address any additional topics that have an impact on quality. Stakeholders can suggest topics to include on the agenda at any time as needed.

The Director of Q&E together with the CQI Committee develops annual goals for the committee to address over the course of the calendar year. In the spring of each year, the Director of Q&E completes a CQI Year-End Report that summarizes the committee's activities, progress toward goals, and sets forth goals for the next year.

The diagram on the following page helps to visually show the structure in which Highfields CQI processes occur.

Stakeholders

External Reviews
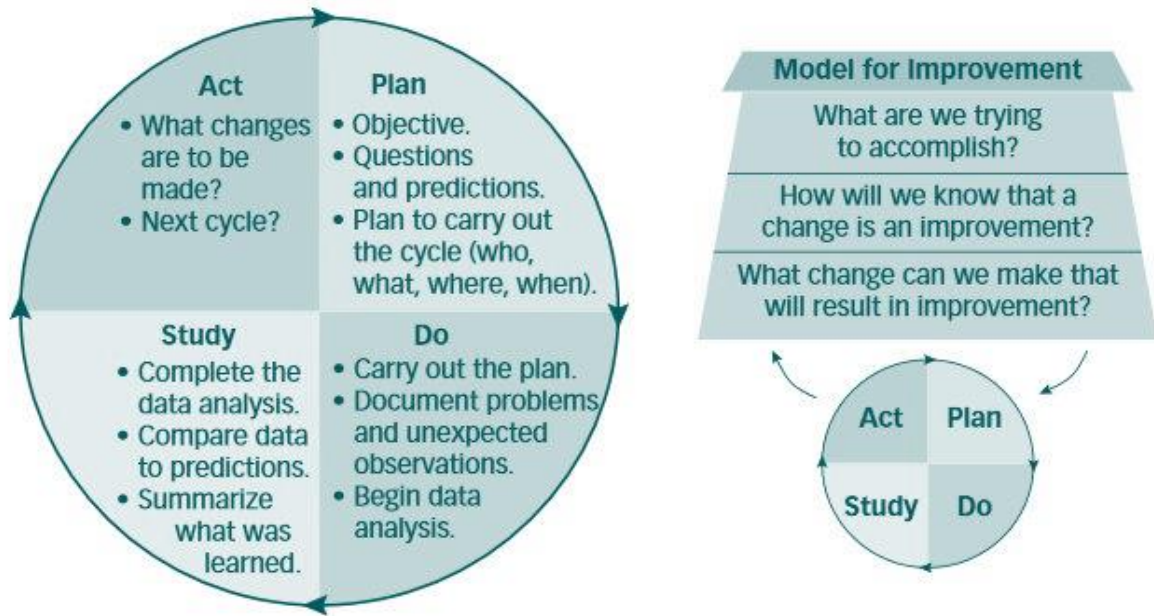
Financial Audits
Fire Inspections
Health Inspections
Licensing Reviews
Contract Reviews
Other
Inspections/Reviews
as needed

Internal Reviews

Outcomes
Client Satisfaction
Employee Satisfaction
Case Record Review
Service Delivery
Outputs
Personnel Policy
Training

Risk Management

Restraints
Critical Incidents
Grievances
Medication
Dispensation
Environmental Risks
Mandatory Reporting
Work Place Safety

Residential Services

Community Services

Educational Services

Administration

Leadership Team

Director of Quality & Education

CQI Committee

CQI Structure:

Stakeholders communicate data that is ultimately analyzed by the Director of Q&E before being shared with CQI Committee and Leadership. CQI Committee uses data analysis to recognize excellence and identify problem areas. As needed, CQI Committee prompts and tracks changes to address problem areas. The Director of Q&E mediates the sharing of information between CQI Committee and Leadership. Leadership assists with implementing and communicating changes. Leadership ultimately conveys information about data and changes back to stakeholders

Model of Change

Historically, Highfields has utilized collaboration between Leadership Team, CQI Committee, and Quality personnel (presently the Director of Q&E) to establish goals and plans for changes and improvements. Goals and plans are set when the data reviewed in CQI Committee reveal negative trends or when acute problems are identified at any level. The agency has typically focused on developing a plan, monitoring the results, and implementing wider scale changes under the guidance of this collaborative group.

In efforts to cultivate more consistency in the change and improvement process, Highfields is beginning to adopt the Plan-Do-Study-Act (PDSA) Cycle. The PDSA Cycle closely resembles the strategies the agency has typically utilized in the past but provides added clarity for follow through and uniformity. Each step of the PDSA Cycle is further defined in the subsequent diagram. These will be the questions posed and steps completed when approaching problem areas. The diagram also refers to the Model for Improvement, which includes three questions to support the use of the PDSA cycle. Highfields will use these questions as a supplement.

PDSA cycle and Model for Improvement—1991, 1994 / FIGURE 8

Act
• What changes are to be made?
• Next cycle?

Plan
• Objective.
• Questions and predictions.
• Plan to carry out the cycle (who, what, where, when).

Study
• Complete the data analysis.
• Compare data to predictions.
• Summarize what was learned.

Do
• Carry out the plan.
• Document problems and unexpected observations.
• Begin data analysis.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

Moen, R. D., & Norman, C. L. (2010). Circling Back. *Quality Progress*, 22-28. Retrieved May 14, 2018, from https://deming.org/explore/p-d-s-a

There will be a learning curve as Highfields begins to integrate this formal model into its processes. A template for improvement plans incorporating the model will be utilized when internal corrective action or quality improvement plans are required. The Director of Q&E is responsible for educating the CQI Committee and Leadership Team on the model and revisiting it regularly. The CQI Committee and Leadership Team will act as ambassadors to support the model in practice and encourage its use as a part of the improvement culture and routine.

CQI Process

The CQI Process begins with data from stakeholders. Data is collected through various means, including the use of ongoing internal and external monitoring and risk management reviews. Data is often collected within divisions then sent to the Director of Q&E for analysis. The Director of Q&E prepares quarterly CQI reports based on this data, which are in turn reviewed by the CQI Committee. Representatives from each division of Highfields also attend CQI Committee meetings to provide additional details on results of internal and external monitoring activities.

The CQI Committee assists in identifying areas that would benefit from corrective action or improvement. Corrective action is called for when either an internal or external monitoring

function has revealed that Highfields has not sufficiently met expectations. Expectations are dictated by a range of factors, including but not limited to contracts, licensing regulations, Medicaid requirements, and internal policies. Improvement plans may be called for when a downward trend or challenge has been identified through internal observation, which may result in the agency not sufficiently meeting expectations if left unaddressed.

Depending on the nature of the concern, the CQI Committee may identify a variety of stakeholders to participate in the development of an improvement plan. For example, one or more members of the leadership team may take the lead in developing a plan for their particular program or a representative workgroup may be formed to address a more widespread issue.

Once the individual or group responsible for the plan is identified, they develop an improvement plan using the PDSA Cycle. An improvement plan template integrating the PDSA Cycle is available to assist Highfields in fully adopting the model (see appendix). It is expected that this template be utilized unless an external monitoring entity requests the use of another template. The plan is monitored through completion by the CQI Committee. The PDSA Cycle ensures that the plan will either bring about a resolution or trigger another plan if necessary.

As improvements are made and changes are formally adopted, the Director of Q&E facilitates the sharing of information between the Leadership Team and the CQI Committee. Ultimately, the Leadership Team is in charge of relaying changes and improvements back to the stakeholders. The cyclical nature of the PDSA Cycle and stakeholder feedback loops ensure that a culture of improvement is consistently sustained.

As noted, several CQI reports are updated on a quarterly basis for review at different meetings and among a variety of stakeholders. At the end of the calendar year, annual data is aggregated and analyzed for the purposes of the CQI Year-End Report. The Year-End Report provides evaluation of Highfields' progress toward its annual CQI goals, sets goals for the coming year, summarizes stakeholder involvement with Highfields, and reviews the results of external and internal monitoring. The report is wide ranging and helps all stakeholders to have a clear snapshot of how the agency has performed, major accomplishments, and areas for improvement. It is also available to all stakeholders as it is published publicly on the Highfields website.

Measures

Highfields utilizes a range of metrics to gather and analyze data related to client outcomes, meeting contract expectations, delivering high quality services, and ensuring robust internal operations. While some benchmarks and other specifics may vary from program to program, there are also several indicators that are measured across the agency, as summarized in this section.

Client Outcomes

In Community Services and Residential Services, information on client outcomes is collected at discharge and at six and twelve months post discharge. Three month follow ups are completed only when required by contract. Much of the data collected on Closing Forms and Outcome Forms is driven by contract requirements (see Outcomes and Outputs in the appendix), and assists Highfields in determining the agency's compliance with requirements in addition to the positive impact on clients. The information is collected directly from the family, or in cases where appropriate, the referring worker. The following list captures the information collected on Closing and Outcome Forms in Community and Residential Services:

Data Collected	Discharge	Post Discharge	Residential	Community Services
Family self-report of success	X	X	X	X
Youth in school, job, and/or community services		X	X	
Change in placement		X	X	X
Involvement with Child Protective Services	X	X		X
Psychiatric hospitalizations	X	X		X
Arrests, adjudications and convictions	X	X	X	X
Pre- and Post- measures	X		X	X

In Residential Services, Pre- and Post- Grade equivalency is recorded at discharge. It should be noted that this is not consistently recorded if the student is discharged prior to the testing being completed. Various Pre- and Post- measures are used in Community Services programs. The following tools are used for mental health services provided under the contract with LifeWays Community Mental Health:

- Child and Adolescent Functional Assessment Scale (CAFAS)
- Preschool and Early Childhood Functional Assessment Scale (PECFAS)
- Devereaux Early Childhood Assessment (DECA)

Which tool is utilized depends upon the age of the child receiving services. All of the above tools are administered at intake, quarterly, and discharge.

The Family Maintenance Program and Parent Education programs utilize the Adult-Adolescent Parenting Inventory (AAPI) at intake and discharge. Parenting Wisely also utilizes a pre- and post- test as part of its evidence based curriculum, completed at intake and discharge. Specific guidance on the administration of pre- and post- measures is provided to staff within each program as appropriate.

Outcome Forms are distributed to program staff quarterly, who reach out to clients and referring workers to ensure the data is collected. The aggregated results of Closing and Outcome Forms are compiled in the Year-End CQI Report. Depending on specific program requirements, some data points are also pulled quarterly and reviewed within the program and/or as part of the quarterly Dashboard.

Reaching Higher, Highfields' after-school program, is reviewed by an external evaluator each school year to explore program outputs and outcomes in great depth. Because of the way the program is designed, Highfields relies on this data for client outcomes, while still measuring internal data on outputs described below.

Ingham Academy and Pride program outcomes are reviewed by the court through which the services are contracted. Highfields has recently been collaborating with the court to develop new quality procedures to increase attention to outcomes and quality service delivery in the future.

Quality Service Delivery

Highfields tracks several indicators of high quality service delivery and adherence to contract expectations. Many of these measures relate to program outputs and are reported on the quarterly Dashboard. For example, several Community Services programs require a certain number of contact hours with clients to meet best practices and contract expectations. The average number of contact hours per client is measured against the contracted benchmark each quarter.

Satisfaction surveys using a five point Likert scale are also completed by referring workers and clients in Residential and Community Services. The results of the surveys are measured quarterly in the Dashboard and annually in the Year-End CQI Report.

Other benchmarks, such as the Residential Census are averaged and measured quarterly. Benchmarks related to Reaching Higher, Ingham Academy, and Pride programs have been recently revised or are currently in the process of revision as part of CQI initiatives to improve meaningful data collection. Other changes to what and how data is collected for the quarterly Dashboard may occur through the CQI process. This will allow the Dashboard to remain adaptive and relevant as Highfields and its services evolve.

Timeliness is another measure of quality service delivery measured both quarterly and annually. Highfields calculates timeliness of all reports in Residential and Community Services based on the number of reports submitted by the contracted due date. The percentages are reported on the quarterly Timeliness Scorecard and summarized in the Year-End CQI Report.

Case record reviews are also performed regularly throughout the year and summarized with any relevant trends quarterly. This allows the CQI Committee to examine aspects of the service delivery process that may need revision on a quarterly basis.

Management & Operations Performance

Highfields completes a Quarterly Risk Management Review that compiles information on use of physical interventions, licensing/contract complaints, critical incidents, medication administration, client grievances, employee grievances, employee injuries and environmental safety. The quarterly reports are reviewed in CQI Committee and compiled at the end of the year to provide a comprehensive look at annual trends.

The Human Resources team also coordinates the completion of an annual Employee Satisfaction Survey. Results from the survey are reviewed in Senior Leadership, Leadership, CQI Committee, and Board meetings. The results are also shared broadly at the Agency Round Table meeting, where staff is invited to help problem solve and develop objectives to improve any areas that were particularly low.

It should be noted that the quarterly Dashboard used to include some data points on finances. However, after review among Senior Leadership and the CQI Committee, it became clear that the data points did not actually give a good snapshot of financial performance and a financial report is already reviewed regularly by Senior Leadership and the Board. The CQI Committee agreed that the Director of Finance will provide information and data on finances as appropriate during CQI Committee meetings rather than attempting to merge finance data into the Dashboard.

For the past several years, Strategic Planning has been a process driven by the Board with support from the Senior Leadership Team. The CQI Committee reviewed progress toward strategic goals as part of their meetings. Highfields is currently revising Strategic Planning procedures to incorporate more input from both employees and the Board. The CQI Committee will continue to review the planning process and goals as part of its meetings to monitor this aspect of management and operations performance.

External Monitoring

Throughout the year the agency works with various consultants to conduct external reviews.

External monitoring includes:

- Licensing Reviews
- Financial Audits
- Contract Reviews
- Health Inspections
- Fire Inspections
- Other inspections/reviews as needed

The indicators and measures that comprise each external review are subject to the conditions of the particular contract, regulations, or program. Often times, the indicators are the same as those reviewed in the previous sections. When possible, program supervisors, the Director of

Quality & Education, and any other appropriate staff may assist with reviewing files to prepare for a planned external review.

Each external review is scheduled by the appropriate program supervisor. Upon receiving the outcomes of the review, the supervisor responds to the review and writes any necessary corrective action plans. These reviews and plans are in turn submitted to the CQI committee for review and oversight of implementation.

Appendix

The following documents are appended to supplement the CQI Plan. Many of these are meant to provide an example of CQI initiatives at Highfields and only reflect the timeframe designated. Please note that more up to date information may be found in the most recent CQI Year-End Report on the Highfields website or by contacting the Director of Quality & Education.

2018 Members of the CQI Committee

Becky Womboldt, Director of Quality & Education, Mindfulness and Meditation Coordinator (Committee Chair)

Tania Moore, Billing and Quality Specialist (Records Minutes)

Brian Philson, President/CEO

Tim Monroe, Vice President

Ed St. John, Director of Finance

Darryl Scott, Manager of Operations, Residential Services

Jennifer Houston, Home Based 0-3 Supervisor

Dave Leese, Community Services Coordinator, North Team

Joanna Hayes, Quality Manager, Ingham Academy and Pride

Sample Quarterly Reports

Examples of Dashboard of Programs, Timeliness Scorecard, Risk Management Review, and Case Record Review reports are included on the next several pages.
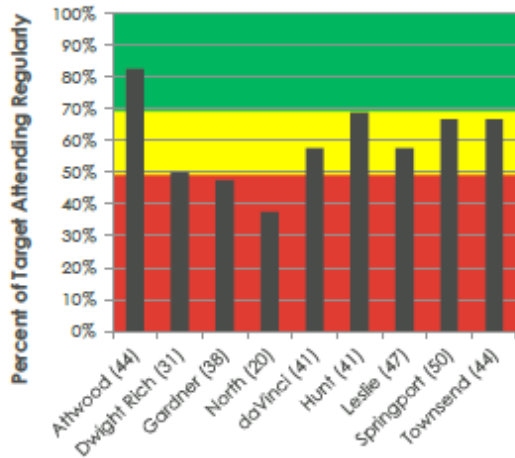
Highfields
Changing Lives,
Strengthening Communities

Key

■ Current Qtr*
■ Benchmark
■ Previous Qtrs

*Current Qtr is red if under benchmark and green if at or above benchmark

Quarterly Dashboard
Quarter 2: April-June 2019

Residential Census

23

Benchmark	22
Current Qtr	23
Last Qtr	20

Reaching Higher

Percent of Target Attending Regularly

Athwood (44), Dwight Rich (31), Gardner (38), North (20), daVinci (41), Hunt (41), Leslie (47), Springport (50), Townsend (44)

School (Progress toward 31 Student Benchmark)

Ingham Academy		Evening Reporting	High Risk	Mod. Risk
Total Students	78	Total Students	19	19
Level I	61	Phase I to II	6	5
Level II	5	Phase II to III	3	8
Level III	4	Phase III to IV	2	1
Level IV	8	Phase IV to V	2	0
		Graduated	0	0

DHHS Contracts

Avg # Hours per Client per Week

FRP-ST 4.86
FRP-NT 3.09
FTBS/FMP 2.63

Mental Health Contracts

Avg # Hours per Client per Month

FPP 5.09
MST-ST 8.21
MST-Liv 9.22
HB 5.2

Satisfaction Surveys

Likert Scale

Client 4.63
Referring Worker 4.55
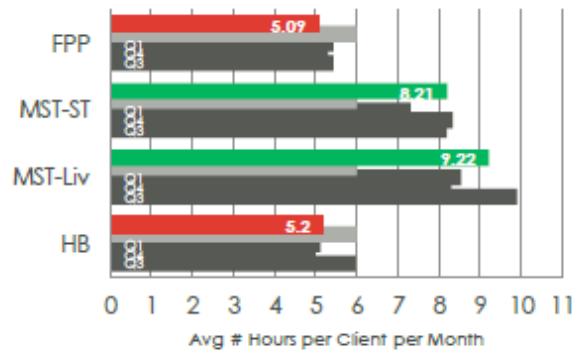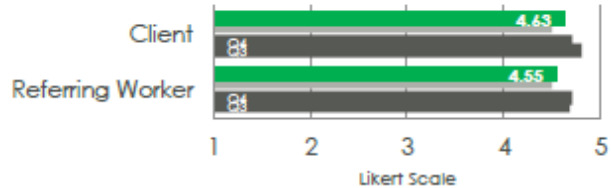
CAFAS Improvement Indicators

Home-Based 55%
Q1, Q4, Q3

0% 10% 20% 30% 40% 50% 60% 70%

15
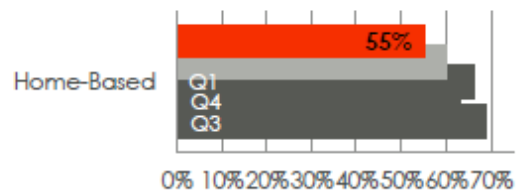
Paperwork Timeliness: 2019 Quarter 2 (April-June)

Program	# Completed	# Late	% On Time	Status
Status Key:				
↑↑ Satisfactory ↓↓ Needs Improvement + Progress From Last Qtr				
Program	**# Completed**	**# Late**	**% On Time**	**Status**
Residential				
Stabilization (Short Term)	50	0	100.0%	↑↑
Phoenix (Long Term)	31	4	87.1%	↓↓+
Residential Total:	81	4	95.1%	↑↑
North Team				
DHHS				
Families Together Building Solutions (Eaton, Barry)*	10	1	90.0%	↑↑
Families Together Building Solutions (Gratiot)*	20	9	55.0%	↓↓
Families Together Building Solutions (Ingham)*	25	1	96.0%	↑↑
Families Together Building Solutions (Calhoun)*	5	1	80.0%	↓↓+
Families Together Building Solutions (Clare, Isabella)*	11	0	100.0%	↑↑
Family Reunification Program (Eaton)*	6	1	83.3%	↓↓
Family Reunification Program (Ingham, Livingston)*	17	3	82.4%	↓↓
Family Maintenance Program (Eaton)*	10	0	100.0%	↑↑
Wraparound (DHHS Clinton)*	48	22	54.2%	↓↓+
Outreach (Eaton, Ingham)	15	0	100.0%	↑↑
Parent Education (Ingham)	26	3	88.5%	↓↓
Court				
Youth & Family Alternatives (Ingham)	11	0	100.0%	↑↑
North Team Total:	366	49	86.6%	↓↓+
South Team				
DHHS				
Family Reunification Program (Calhoun, Branch)*	36	14	61.1%	↓↓
Families Together Building Solutions (Hillsdale, Branch)*	All FTBS are grouped together			
Families Together Building Solutions (Jackson)*	57	11	80.7%	↓↓
Outreach (Jackson, Hillsdale)	12	3	75.0%	↓↓
Mental Health				
Home-Based (Hillsdale)	Included in HB numbers			
Home-Based (Jackson)	181	58	68.0%	↓↓
Home-Based 0-3 (Jackson, Hillsdale)	24	7	70.8%	↓↓
Outpatient (Jackson, Hillsdale)	39	15	61.5%	↓↓
Family Preservation Program (Lenawee)	34	1	97.1%	↑↑
Multi-Systemic Therapy (Jackson, Hillsdale)	73	6	91.8%	↑↑+
Wraparound (Jackson, Hillsdale)	25	11	56.0%	↓↓
Wraparound SED (Jackson, Hillsdale)	30	13	56.7%	↓↓
Parenting Wisely (Jackson, Hillsdale)	1	0	100.0%	↑↑
Case Management (Jackson, Hillsdale)	166	39	76.5%	↓↓
South Team Total:	678	178	73.7%	↓↓
Community Services Total:	1044	227	78.3%	↓↓
Agency Total:	1125	231	79.5%	↓↓

Uniform Guidance Audited (formerly A133)

Quarterly Risk Management Review
Q2 April-June ▾ 019

Residential

Physical Interventions
☐ Check this box if section is N/A this quarter

Physical Restraints: 29   # Over 5 Minutes: 16

Reported to Licensing: 4   # Student Injuries: 3

What factors contributed to the use of physical interventions?: In the course of this quarter, the upswing on restraints are due to one or two specific kids, one of them was escalated to a more secure facility.

What are staff strengths and challenges in addressing these factors?: A stronger run house occurs with adequate staffing, veteran staff & a residential population with higher functioninig students with less acting out behaviors. Weaknesses occur when we have a lot of staffing turnovers, or when you have a population with several youth with cognitive challenges who require additional security.

Were any Corrective Actions required? (If yes, explain): No, but expected for an incident that occurred in April. Licensing has not officially sent us any notification, even though they implied one was forthcoming.

Licensing, Contract Complaints, or Investigations
☒ Check this box if section is N/A this quarter

Complaints: # Self Reported: # Investigations:

Outcomes (if applicable):

Client Grievances/Critical Incidents
☐ Check this box if section is N/A this quarter

Client Grievances: 1   # Reported to Licensing: 4 critical

Critical Incidents: 77 This number   incidents (as mentioned above under

includes the restraints mentioned   restraints)

above.   Outcome: On the grievance, both staff

and student met with Managers. On

the critical incidents, we received two

written notifications that CPS would not be picking up the ivestigation. One verbal notification that CPS would not be picking up the investigation, and the final investigation is still in the process of being investigated.

Reported to CPS: 4

Substantiated by CPS: 0 at this time

What factors contributed to grievances and critical incidents?: Grievance: the youth felt a staff didn't spedak to him respectfully. All critical incidents were a result of restraints.

What are staff strengths and challenges in addressing these factors?: Explained above under restraints.

Were any Corrective Actions required? (If yes, explain): Also explained above. See restraints.

Medication Review

☐ Check this box if section is N/A this quarter

Times Wrong Medication Dispensed: 0

Times Failed to Dispense Medication: 7

Times Failed to Log Medication Dispensed: 24

What factors contributed to problems with medication dispensation?:

What are staff strengths and challenges in addressing these factors?:

Miscellaneous

☒ Check this box if section is N/A this quarter

Any other comments on risks this quarter:

Educational (IA, ER, Breakthrough)

Physical Interventions

☐ Check this box if section is N/A this quarter

Physical Restraints: IA=1, ER=0

Over 5 Minutes: No

Reported to Licensing: No

Student Injuries: No

What factors contributed to the use of physical interventions?: To prevent fighting

What are staff strengths and challenges in addressing these factors?: The relationships that they have and the training they receive in order to de-escalate these situations.

Were any Corrective Actions required? (If yes, explain): No

Licensing, Contract Complaints, or Investigations

☐ Check this box if section is N/A this quarter

Complaints: 0   # Self Reported: 1   # Investigations: 0

Outcomes (if applicable): Breakthrough- Had to report a student injury. No licensing infraction occurred.

Client Grievances/Critical Incidents

☒ Check this box if section is N/A this quarter

Client Grievances: ▮   Outcome: ▮

Critical Incidents: ▮   # Reported to CPS: ▮

Reported to Licensing: ▮   # Substantiated by CPS: ▮

What factors contributed to grievances and critical incidents?: ▮

What are staff strengths and challenges in addressing these factors?: ▮

Were any Corrective Actions required? (If yes, explain): ▮

Miscellaneous

☒ Check this box if section is N/A this quarter

Any other comments on risks this quarter: ▮

Community Services

Client Grievances/Complaints/Critical Incidents

☒ Check this box if section is N/A this quarter

Client Grievances: ▮   # Recipient Rights Complaints: ▮

Significant outcomes of above: ▮

Were there any significant incidents this quarter where a person was determined to be a danger to him/herself or others?

Lansing Office: ☐ Yes or ☒ No   Hillsdale Office: ☐ Yes or ☒ No

Jackson Office: ☐ Yes or ☒ No   Livingston Office: ☐ Yes or ☒ No

If Yes, what strengths and challenges did staff demonstrate in addressing the incidents?:

Miscellaneous
☒ Check this box if section is N/A this quarter

Any other comments on risks this quarter:

Human Resources
Injuries/Staffing Issues
☐ Check this box if section is N/A this quarter

Employee Injuries: 4   # Written Complaints: 0
Grievances: 0   # Harassment Claims: 0

What factors contributed to staffing issues?: Recruitment and Hiring focus group was put together and will meet in the next several weeks. Since implementing ADP ATS, we have received better quality candidates

Miscellaneous
☒ Check this box if section is N/A this quarter

Any other comments on risks this quarter:

Facility/Environmental Safety

Describe any facility or environmental safety risks or issues that occurred this quarter:

Describe any actions taken or needed to address these:

Case Record Reviews
Quarterly Report

Quarter: April – June 2019

⊕ **Summary of Records Reviewed:**

Program:	# Cases Reviewed:	Reviewer(s):	Date:
OR North Team	1	Heather Ladd	4/10/2019
Phoenix	10	Julie Duffey	4/11-6/21/19
Stabilization	3	Julie Duffey	4/16-6/21/19
Home-Based	33	Becky Sunkle & Tania Moore	4/10/19-6/21/19
Case Management	15	Becky Sunkle & Tania Moore	4/10-6/21/19
FRP (Calhoun/ Branch)	7	Becky Sunkle & Tania Moore	4/10-6/21/19
MST (Jackson/ Hillsdale)	9	Becky Sunkle & Tania Moore	4/10-6/21/19
FPP	2	Becky Sunkle & Tania Moore	4/11 & 5/22/19
FTBS (Jackson)	12	Becky Sunkle & Tania Moore	4/10-6/20/2019
FTBS (Hillsdale)	3	Becky Sunkle & Tania Moore	4/10-6/20/2019
FTBS (Branch)	6	Becky Sunkle & Tania Moore	4/10-6/20/2019
WA (Jackson/ Hillsdale)	4	Becky Sunkle & Tania Moore	5/13-6/21/2019
FRP North Team	2	Heather Ladd	5/20/2019
FMP Eaton	2	Heather Ladd	5/20/2019
Outpatient	3	Tania Moore	5/21-6/20/2019
YFA	1	Heather Ladd	5/21/2019
Outreach	3	Tania Moore	5/22-6/13/2019
FTBS North Team	4	Dave Leese & Heather Ladd	5/25-5/30
Parenting Wisely	3	Tania Moore	6/13/2019
Total reports	123		

Sample Methods:

Residential cases were reviewed as part of the closing process.
All cases reviewed by Becky Sunkle and Tania Moore were done so as part of the closing process.

Improvement Plan Template

Highfields Improvement Plan

☐ Corrective Action Plan   ☐ Quality Improvement Plan

Developing your plan:
What are we trying to accomplish?

How will we know that change is an improvement? What are the measurable outcomes?

What change can we make that will result in an improvement?

I.   Plan

List action steps (include who, what, where, when):

What do you predict will happen?
What resources are needed?
What data needs to be collected?
When will you follow up to review?

II.   Do

Carry out the plan, gather data, and document observations.
Describe what happened, including any obstacles/unexpected findings:

III.   Study

Compare measured outcomes to predictions. Describe results, what worked well, what was challenging, etc:

IV.   Act

Based on the outcomes of this plan, we will:
☐ Adapt – modify the plan and repeat the cycle
☐ Adopt – continue implementation of the change on a wider scale
☐ Abandon – find a new approach and write a new plan

Outcomes and Outputs Required by Contract

(Updated June 2018)

- FTBS
    - 95% of families receiving FTBS services will not require an out-of-home placement during program participation.
    - 90% of families completing services will not require an out-of-home placement within 6 months of case closure.
    - 85% of families completing service do not require an out-of-home placement within 12 months of case closure
- FRP
    - 70% of the families served shall successfully complete four months of service
    - 75% of the families served shall not have any Category I, II, III, preponderance of evidence Protective Services for a 12 month period following placement of the children in the family home.
    - 70% of the families served shall not have a child removed from the family home and placed in out-of-home care for a 12 month period following placement in the family home.
    - 90% of the families exiting services shall express satisfaction with the services received.
- Outreach
    - The contractor will ensure that the client achieves at least 50% of identified objectives in the Treatment Plan
- Home-Based
    - 60% of clients receiving Home-Based services will improve on at least one of three CAFAS indicators (Meaningful and Reliable Improvement; Number of Severe Impairments; Pervasive Behavioral Impairment) when comparing initial CAFAS assessment to most recent CAFAS assessment.
    - 50% of all clients receiving Home-Based services must have a Physical Health and Wellness goal developed through the person-centered planning process and integrated into their Individual Plan of Service.
- FMP and PE
    - 90% of the families served that were intact at the time of referral shall remain intact upon completion of services.
    - 80% of clients will show improvement in a minimum of two of the identified target areas on the AAPI pre and post-test, or equivalent.
    - 80% of referred families that complete services will not have a substantiated CPS compliant within three months following completion of the services.