Black Family Development, Inc.
ASPIRE to Excellence™

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2017 Performance Plan

ANNUAL PERFORMANCE IMPROVEMENT PLAN

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MISSION/CORPORATE STATEMENT

MISSION STATEMENT:

To strengthen and enhance the lives of children, youth, and families through partnerships that support safe, nurturing, vibrant homes, schools, and communities.

CORPORATE STATEMENT:

Black Family Development, Inc. (BFDI) was created in 1978 by the Detroit Chapter of the National Association of Black Social Workers. BFDI was created out of a defined need for culturally relevant services for African Americans. Creating BFDI necessitated the participation of a diverse group of individuals within the community to assure the impetus needed to fulfill its mission of strengthening and preserving African American families. Thus, BFDI's purpose is to work with children, youth, and their families in the context of their community. BFDI advocates to promote wholesome family life and human growth via the development and implementation of a full range of comprehensive social work services. BFDI's primary geographic service area is Detroit/Wayne County.

BFDI will involve itself in direct referral and collaborative services to individuals and families, as well as consultative services to groups and agencies serving and/or advocating for the support and strengthening of African American families and other families.

In directing its policies, programs, and other efforts, BFDI will address the educational, economic, social, environmental, and political systems that impact the consumers that we serve. Consequently, BFDI endorses and supports efforts which respond to the:

◆   need for educating and serving the community relative to the dynamics of families living in distressed communities;

◆   need for sustained economic stability for families;

◆   to build upon the strengths of families when providing services;

◆   recognition, support, and teaching of cultural values to families in BFDI programs and the community;

◆   accessibility of services on a 24 hour/7 day a week basis;

◆   re-establishment of the concept of extended family and community empowerment;

◆   need to assist alienated, disenfranchised, and oppressed families;

◆   respect the dignity, worth, and human rights of all individuals and families;

◆   promotion of the health, safety, independence, and self-sufficiency of families

OVERVIEW

Following the organization's continuous review and analysis of its performance against a broad range of goals and performance indicators and after ensuring that a broad range of stakeholders have reviewed and analyzed the results, Black Family Development is now in a state of readiness to implement its annual performance improvement standards and processes to **effect change** and **improve** the **organization's business functions** and its **service delivery**.

And, following an ongoing and comprehensive review and analysis of a broad range of **business functions** and **service delivery** targets and outcomes the organization is ready to evaluate the information required to begin the action to address the performance improvement needed. The outcome of these processes will produce an integrated **annual Performance Improvement Plan.**

The performance improvement results from an evaluation of all systems, practices, resources, strategies, and plans. The performance analysis of business functions and service delivery targets and outcomes are ongoing but the integrated performance analysis is completed on an **annual basis**.

The information and data derived from these sources and processes will be used to **identify deficiencies, quality of care issues, compliance with contractual requirem**ents, compliance with policy and procedure, and to measure outcomes and program performance. The data is also collected and analyzed to assist in improving program **services and business functions**. The analysis of data facilitate organizational decision making to set goals for program areas, service components, relevant business practices in risk analysis, risk management activities, accessibility planning, and in health and safety.

The **report is shared** amongst administration for organizational decision making and strategic planning. Consumer input is heavily weighted in order to prioritize consumer-driven initiatives for change that would improve **service access, effectiveness** or **efficiency**. This report is provided to the Board of Directors annually.

Information is posted on the website and intranet, and can be accessed by all stakeholders.

2016 Summary

During 2016 Black Family Development, Inc. served a population of approximately 7,800 consumers across multiple domains that include;

- Family Preservation and Support Services
- Juvenile Justice Services
- Prevention Services
- Mental Health
- School Based Services
- Substance Use/Abuse Treatment Services
- Educational Services
- Community Engagement
- Promise Neighborhoods

The following reports provide an administrative overview of contract compliance, program performance, consumer and administrative outcomes and strategic plans for 2017.

2016 Summary

This section details the 2016 activities relating to Corporate Compliance in the following areas;
- Code of Ethics/Personnel Policy Violations
- Annual Error Rate Report Summary
- Internal Auditing and Risk Management activities
- Recipient Rights Summary
- 2017 Strategic Planning Recommendations

Year-End Highlights
- **Expansion of Corporate Compliance Training regarding Risk Management**
  - Each department manager was trained in properly assessing risk and in determining ways to reduce the probability of risk scenarios.

Data/Measurement(s):
- Code of Ethics/Personnel Policy Violations
- Error Rate Reports
- Compliance with Internal Auditing and Risk Management
- Recipient Rights Data

What was improved and learned?
- After analyzing numerous data sets we learned that the most common cause of error reporting was a failure to fulfill duties outlined in the staff person's job description and a failure to follow internal policy and procedure.
- In order to ensure the vitality of the agency, it was determined that the best way to manage risk, and improve efficiencies was to form the Corporate Compliance Committee in effort to reduce waste, fraud, and errors resulting from systems and human fallacy.

Extenuating circumstances impacting outcomes?
- There was no evidence of extenuating circumstances during this reporting period.

Performance Improvement Goals:
- To ensure that there is sufficient data to support evidence that training guidelines are met/and or exceeded. - Ongoing
- To ensure that meeting documentation clearly reflects evidence of management's review of Risk Management Policy as well as all other internal and funder policy/procedure expectations. – Ongoing
- To conduct quarterly Corporate Compliance internal audits in collaboration with Chief Financial Officer, Human Resources Manager, and Quality Assurance Director.

BLACK FAMILY DEVELOPMENT, INC.
2016 ANNUAL CORPORATE COMPLIANCE REPORT

INTRODUCTION

Black Family Development, Inc.'s (BFDI) Corporate Compliance Program is designed to establish a culture within the organization that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state laws, as well as the organization's ethical and business policies. The Corporate Compliance Program effectively articulates and demonstrates the organization's commitment to the compliance process.

BFDI demonstrates Corporate Compliance through:

- a. Implementation of a policy on corporate compliance that has been adopted by the organization's leadership.
- b. Designation of a staff member to serve as the organization's compliance officer:
  - (1) That is documented.
  - (2) Who:
    - (a) Monitors matters pertaining to corporate compliance.
    - (b) In concert with the Chief Financial Officer, conducts compliance risk assessments.
    - (c) Reports on matters pertaining to corporate compliance.
- c. Training of personnel on corporate compliance, including:
  - (1) Role of the compliance officer.
  - (2) The organization's procedures for allegations of fraud, waste, abuse and other wrongdoing.
- d. Works with the Chief Financial Officer on internal auditing activities.

BFDI has processes in place to assess compliance issues, take corrective measures, and continually monitor compliance in all areas including administration and service provision.

BFDI continues to advocate for persons served, personnel, and other community stakeholders. BFDI's advocacy efforts include conducting and participating in public education or activities that promote the elimination of discrimination and stigma for the persons served. BFDI incorporates the use of "*people first*" language in its publications, operations, and activities. BFDI personnel participate in a variety of public education efforts, community boards and committees, newspaper articles, and radio and television presentations.

BFDI's Code of Ethics identifies, develops, and documents its required ethical practices and values. The Code of Ethics was developed using information from such sources

as state practice acts for the various disciplines/professions involved in services; the ethical codes of professional associations for the various disciplines/professions involved in services; the ethical codes of business, marketing, and human resource management associations; and the organization's own mission and core values statements.

BFDI's compliance program is built on a solid foundation of ethics that are fully and openly endorsed by management. BFDI's Corporate Compliance Officer has direct communication with senior management, as well as the Board of Directors. Adopting a compliance program concretely demonstrates to persons served, employees, funders, and the community at large that an organization has a strong commitment to honesty and responsible corporate citizenship.

I.   **SUMMARY REPORT**

During the 2016 fiscal year, ongoing data was collected and analyzed to ensure corporate compliance with business practices, general program standards, and behavioral health core standards. This data was collected utilizing the quality assurance reports, fiscal reports, internal and external audit reports, recipient rights reports, and human resource data.

All sources of data have been assessed for the completeness and accuracy of the information, and the validity and reliability of the information. Data was collected from all areas of business practices, general program standards, and behavioral health core program standards.

This report will cover allegations and investigations in the areas of wrongdoing, abuse of resources, code violations, personnel policy violations, recipient rights, continuous noncompliance, and error reports.

1.   **Code of Ethics/Personnel Policy Violations**

Terminations (0)

There were no terminations in 2016.

Suspensions (0)

There were no staff suspensions in 2016.

Written reprimands (4)

- Failure to attend a training that staff was made aware to attend. (2)
- Failure to satisfy required face-to-face contact with consumer.
- Failure to notify appropriate entity/department of AWOL youth.

II. ANNUAL ERROR RATE REPORT

1. Summary

It is the policy of BFDI to reduce the rate of errors in the organization by identifying, reporting, and monitoring human and systemic errors. It is the procedure of BFDI to collect ongoing information and data that identifies any errors made by employees. All employees are required to document errors on the Error Report within 24 hours of its occurrence. The Error Report is submitted to the Chief Executive Officer and the Quality Assurance Director, and is designed to give ongoing feedback to the staff team on the number of errors and the impact the errors have on corporate compliance and the overall business practices of the organization.

There were (13) error rate reports submitted in 2015. There were (15) error rate reports submitted in 2016. This is a slight increase from the previous year. It appears the error rate reports are not a reliable indicator of performance or trends and patterns. Based on quality assurance reviews, it is apparent that errors are occurring that are not reported on via the error rate report. In order for the error rate report to be a meaningful management tool, there will need to be consistent application by supervisory staff and in all programs. It is clear that identical errors are reported on occasion while others are not, e.g. non-compliant records. It is not clear how the error rate reports are used by management staff at the program level or how error rate reports are used to improve performance by program managers. It does appear that the use of the error rate report is arbitrary.

2. Data Collected

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (15)

TOTAL TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (5)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (8)
4) Program contract requirements: (1)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Financial impact (0)
7) Other: (3)

(* Error rate reports frequently contain a cited violation in more than one category)

III. COMPLIANCE WITH INSURANCE AND RISK MANAGEMENT REQUIREMENTS

The objective of Black Family Development Inc.'s (BFDI), Risk Management Plan is to ensure: the continuity of Agency operations, maintenance of services, and the protection of the interests of BFDI. Inasmuch as all manner of risks are present throughout its operations, successful delivery of BFDI's risk management plan is contingent upon effective and cohesive management of those risks. BFDI therefore has an obligation to be fully aware of risk exposure and to prevent or reduce, losses and unnecessary expenditures. BFDI's Risk Management policy is a logical step-by-step process to protect, and consequently minimize risks to; its persons served and other stakeholders, property, and interests.

BFDI, will assure that its risk management plan includes policies that:

- Identify Risk
- Prioritize Risk
- Assess Risk
- Assess Risk Trends
- Mitigate Risk
- Evaluate Risk Assessment (including lessons learned)
- Rate Risk

This is achieved by assisting and training each department manager in assessing their risks properly and determining the most efficient way to avoid them entirely, or reduce them to a minimum. In this way, BFDI's Risk Management Plan can limit the Agency's risk exposure arising from accidents, emergencies, sentinel events, and waste, fraud, abuse, and other wrong doing. BFDI's Risk Management Plan will also ensure that these policies are reviewed annually and updated when needed.

BFDI has continuously maintained compliance with the insurance and risk management requirements. To assure that this is accomplished, the following areas are reviewed annually to determine the levels of exposure: insurance coverage, including property and general liability, sexual abuse and molestation, auto (non-owned vehicles and required verifications), business practices (error and omissions), workers compensation (including turnover ratios), officers and directors liability, health insurance (life & AD&D, claims made, loss runs, stop-loss coverage, including actuarial data for self insurance claims), and ERISA; health and safety, including inspections, evacuation plans and drills, incident reports, recipient rights reports, QA reports, OSHA compliance, accessibility; information technology, including adherence to HIPAA, client confidentiality, data storage and retrieval, ease of use; human resources, including EEOC compliance, OSHA compliance; financial management, internal controls, audits,

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risk management, asset management, funder requirements; and service delivery, including eligibility criteria, accessibility, utilization review, quality assurance.

Risk Management Issues

- While conducting the annual risk assessment analysis for 2016, it was noted that one of the Insurance Carriers, Blue Cross/Blue Shield, received a negative rating from AM Best insurance raters. This rating will stay in effect for six months until or the next review by AM Best in June 2017. BFDI will conduct quarterly reviews, as the semi-annual reviews revealed the data three months after the rating.

- During fiscal year 2016, BFDI experienced several challenges in maintaining its budgeted Length of Stay days of care for the CMO program, while at the same time over-utilizing higher cost facilities. BFDI is working with providers to ensure that BFDI accesses the most competitive cost facilities, while ensuring that consumer needs were met.

- During fiscal year 2016, BFDI staff in the Conner Creek location filed several incident reports of seeing rodents in the work area. The staff have since been moved to BFDI's CMO location.

IV. RECIPIENT RIGHTS ANNUAL REPORT

1. Summary

A consumer receiving services through BFDI can verbally or in writing communicate a concern and the need for action. This can be done in the following ways:

- Ask to speak with the assigned BFDI Counselor, and/or the BFDI Counselor's Supervisor.
- The Counselor and the Supervisor will meet informally with the consumer to respond to questions and/or resolve complaints through direct discussion.
- Every effort will be made to resolve the consumer's concern within a 24 hour period, and no longer than 30 days following the complaint.
- Any grievances and/or recipient rights complaints will be referred to the appropriate party for action.

If a consumer is not satisfied with the outcome of the discussion with the Counselor and the Counselor's Supervisor, a complaint can be made to

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Year-End Highlights
- **Expansion of Corporate Compliance Training regarding Risk Management**
  - Each department manager was trained in properly assessing risk and in determining ways to reduce the probability of risk scenarios.

Data/Measurement(s):
- Code of Ethics/Personnel Policy Violations
- Error Rate Reports
- Compliance with Internal Auditing and Risk Management
- Recipient Rights Data

What was improved and learned?
- After analyzing numerous data sets we learned that the most common cause of error reporting was a failure to fulfill duties outlined in the staff person's job description and a failure to follow internal policy and procedure. In order to ensure the vitality of the agency, it was determined that the best way to manage risk, and improve efficiencies was to form the Corporate Compliance Committee in effort to reduce waste, fraud, and errors resulting from systems and human fallacy.

Extenuating circumstances impacting outcomes?
- None noted

Follow-Up Plan:
- Ensure that there is sufficient data to support evidence that training guidelines are met/and or exceeded - Ongoing
- Ensure that meeting documentation clearly reflects evidence of management's review of Risk Management Policy as well as all other internal and funder policy/procedure expectations- Ongoing

the Recipient Rights Advisor.

2. **Complaint Data**

There were no Recipient Rights complaints submitted in 2016.

3. **Analysis of the Data**

N/A

4. **Training**

New staff members continue to receive training on Recipient Rights given by the Recipient Rights Advisor. An online internal training program, related to recipient rights and LEP, is used as well as face to face training when requested for new hires.

The Detroit Wayne Mental Health Authority requires The Virtual Center of Excellence (VICE). VCE was created by the Detroit-Wayne County Mental Health Authority (D-WCMHA) in 2006 to promote System Transformation through workforce development. VCE is a network for the ongoing educational development through **on-line training and dissemination of information regarding best-practices for mental health and substance abuse service delivery.**

The Detroit Wayne Mental Health Authority (DWMHA), requires new staff to participate in training that is provided by the DWMHA are a designated on-site location that DWMHA determines. Addition training must then be taken through VCE at prescribed intervals.

V. RECOMMENDATIONS FOR 2017 STRATEGIC PLANNING

1. **Code of Ethics/Personnel Policies Violations**

The following recommendations should be utilized to reduce the number of code violations, personnel policies violations, and other corporate compliance infractions:

- Provide training to staff on most frequent personnel policies infractions.
- Provide training to CMO staff on timely completion of documentation; and adhering to the agency's and the CMO/Wayne County's policies and procedures.
- Continue to provide risk management training to staff.
- Ensure that all new staff complete the online training for Corporate

Compliance and receive the Code of Ethics handbook.

2. <u>Annual Error Rate Report</u>

The following recommendation is offered to ensure compliance with the completion of the Error Rate Report.

1. It is recommended that program managers be evaluated on their use of the error rate report as an element of their performance evaluations.

3. <u>Recipient Rights Annual Report</u>

All recommendations will be referred to the CEO, COO, and Quality Assurance Director for consideration and implementation via the strategic planning process, or sooner if applicable.

- Train staff on the new requirements implemented by the Detroit Wayne Mental Health Authority.
- Provide supportive training to staff in Team Meetings as it relates to:
    - BFDI's policy on Dignity and Respect.
    - Limited English Proficiency (LEP)

2016 Summary
This section details the 2017 activities relating to Quality Assurance in the following areas;

- Quality Records Review
- Trends and Patterns
- Consumer Satisfaction
- Sentinel Events
- Staff Satisfaction

- Quality Assurance Committee aggregate meeting summaries
- 2016 Planning Recommendations

Year-End Highlights
- 54% of all BFDI programs improved their internal Quality Assurance Scores over a twelve month timeframe representing a 14.89% as compared to 2015. The Quality Assurance team conducted 100% of all scheduled audits. 100% of all programs passed all external audits.

Data/Measurement(s):
- Record Review Reports
- Staff Satisfaction Survey Reports
- External Audit Reports

What was improved and learned?
- Our commitment to total quality management and quality record maintenance informs our business practices and corporate culture. Toward that end, we continue to engage in a unified effort to improve internal audit scores by analyzing program performance data and discussing proven techniques to ensure excellence in records management.

Extenuating circumstances impacting outcomes?
- Inconsistent response to noted case file deficiencies.
- Redundant Documentation requirements

Performance Improvement Goals:
- The Quality Assurance Committee will work in collaboration with the Director of Clinical Services to adopt a more uniform response across all programs to case file deficiencies.
- To recommended a redesign of staff evaluation protocol to the Human Resources Manager and the CEO that would include staff scores on case records audits.
- To provide at least two trainings to staff on the most common and frequent case record deficiencies by program services and elements.

BLACK FAMILY DEVELOPMENT, INC.

ANNUAL QUALITY ASSURANCE REPORT

2016

I. ## INTRODUCTION

This report will summarize the activities of the Quality Assurance Department and Quality Assurance Committee for the year 2016. Attached are the annual reports on the quarterly case record reviews, which include the compliance scores for all B.F.D.I. programs and consumer satisfaction.

II. ## QUALITY RECORDS REVIEW

The Quality Assurance Department conducts quarterly quality record reviews as detailed in the Quality Assurance Plan. A schedule of these reviews is maintained and provided to all B.F.D.I. programs. Generally, these reviews were conducted per the schedule.

23% (4) of BFDI's programs met or exceeded the 80% benchmark for quality record reviews in 2016. This is a 4% decrease from 2015 (27%).

54% (7) of BFDI's programs improved performance on quality record reviews when comparing the initial quality assurance review to the final quality assurance review in 2016.

The attached report provides the FY 2015-2016 quality record review compliance scores for each BFDI program.

III. ## SIGNIFICANT QUALITY ASSURANCE ACTIVITIES

In addition to the functions outlined in the Quality Assurance Plan, the following activities were noted for 2016:

- Additional record reviews of the community mental health programs to facilitate successful quarterly D.W.M.H.A. Case Record Reviews.
- Monthly attendance at the monthly Detroit-Wayne County Mental Authority Quality Operations meetings.

- Monthly attendance the Carelink Quality Operations meetings.
- Completed monthly aggregate CAFAS report per Carelink requirement.
- Completed Annual CAFAS Report per Carelink requirement.
- Completed aggregate combination reports for all D.W.M.H.A. quarterly case record reviews on MH-WIN.
- Identified risk management issues through the quality records review process, through sentinel events investigations, and through specific case reviews as directed by the CEO or COO.
- Assisted in pre-audit preparation for multiple BFDI programs including Wraparound and STAGES prior to external audits.
- Conducted specific case reviews as assigned by the CEO or COO.
- Conducted collaborative site visits with the four other CMOs at residential providers to ensure that all PPN providers were in compliance with J.J.S.H., Licensing, and quality of care standards.
- Completed trainings on D.W.M.H.A. Sentinel Event Reporting and Level of Care Utilization System (LOCUS).

IV.   TRENDS AND PATTERNS

Identification of trends and patterns that may adversely impact the quality of care is an ongoing activity of quality improvement. "Trends and Patterns" is a standing agenda item for all monthly Quality Assurance Committee meetings. The following trends and patterns were identified in 2016 via case record reviews, Quality Assurance Committee, or some other mechanism:

- An increase in the number of youth entering the juvenile justice system with existing mental health and/or psychiatric needs.
- Increase in the number of minors receiving mental health services at BFDI.
- Decreasing numbers of youth entering the juvenile justice system.
- Decreasing lengths of stay for youth in the juvenile justice system.
- Improved performance of subcontracted providers.
- Decrease in the number of sentinel events.
- Significant increase in reporting requirements to DWMHA and Carelink relative to the mental health programs, including sentinel events.
- Increased frequency of audits by external regulatory organizations.
- Decrease in CAFAS scores when comparing initial CAFAS to final CAFAS.

V.   CONSUMER SATISFACTION

B.F.D.I. collects consumer satisfaction surveys on a monthly basis as detailed in the Quality Assurance Plan. For 2016:

- Consumers submitted (1,721) consumer satisfaction surveys in 2016.
- 99% reported general satisfaction with the services provided.

VI.   SENTINEL EVENTS

For 2016, there were (4) reported sentinel events. Of the sentinel events reported in 2016, (3) involved C.M.O. youth, and (1) involved a STAGES youth whose case was terminated prior to the sentinel event:

1. Death of consumer – 2 (homicides)
2. Victim of violence – 1 (assault in placement)
3. Charged with homicide – 1

All sentinel events were investigated to identify risk management issues, compliance with policy and procedure, and general quality of care issues. All sentinel event investigation reports included recommendations provided to the CEO.

There were also (4) reported sentinel events in 2015.

VII.   STAFF SATISFACTION

For 2016, staff submitted (161) staff satisfaction surveys as requested on a quarterly basis. 96% of the staff who responded indicate they were generally satisfied with employment at BFDI. This is a two percent increase from 2015.

The aggregate report on staff satisfaction will be provided.

VIII.   QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee met monthly as detailed in the Quality Assurance Plan. The agendas and minutes for each monthly meeting are maintained in the Quality Assurance Department.

2016 CONSUMER SATISFACTION TABLE

PROGRAM	% SATISFACTION	# of Surveys
CMO Team 1 - YOUTH	100%	254
CMO Team 1 – PARENT/GUARDIAN	100%	57
CMO Team 2 -YOUTH	99%	135
CMO Team 2- PARENT/GUARDIAN	99%	54
CMO ISP - YOUTH	100%	86
CMO ISP - PARENT	100%	71
EPIC/PMTO - YOUTH	100%	30
EPIC/PMTO - PARENT	100%	29
HOPE SUD	100%	26
FAMILY CONNECTIONS- UNITED WAY	100%	59
FREE PREVENTION	100%	109
INTENSIVE FAMILY SERVICES - YOUTH	100%	50
INTENSIVE FAMILY SERVICES - PARENT/GUARDIAN	100%	14
JAIL PLUS	100%	68
KEYS TO LITERACY	100%	30
SCHOOL BASED EAST - YOUTH	100%	4
SCHOOL BASED EAST – PARENT/GUARDIAN	100%	2
SCHOOL BASED WEST - YOUTH	100%	5
SCHOOL BASED WEST – PARENT/GUARDIAN	100%	5
STAGES - YOUTH	97%	135
STAGES –	92%	25

PARENT/GUARDIAN		
WRAPAROUND-YOUTH	100%	100
WRAPAROUND-PARENT/GUARDIAN	100%	82
YOUTH ASSISTANCE PROGRAM -YOUTH	99%	178
YOUTH ASSISTANCE PROGRAM-PARENT/GUARDIAN	100%	18
AVG. 2016/TOTAL #	*99%*	*1,626*

Quality Record Review Compliance Scores
FY 2015 - 2016

	PROGRAM	1st Quarter Oct.- Dec. 2015	2nd Quarter Jan-March 2016	3rd Quarter April-June 2016	4th Quarter July-Sept 2016	Average Aggregate Compliance Score
1.	CMO TM #1	41%	48%	86%	78%	63%
2.	CMO TM #2	68%	76%	87%	80%	78%
3.	CMO TM #3 ISP	49%	26%	55%	62%	48%
4.	CMO CLOSED CASES	56%	45%	73%	56%	57.5%
5.	EPIC/PTMO	47%	70%	56%	37%	52.5%
6.	FAMILY CONNECTION	79%	86%	96%	93%	88.5%
7.	FREE	61%	56%	63%	68%	62%
8.	HOPE/SUD	-----	41%	51%	97%	63%
9.	IFS	97%	94%	Cancelled	97%	96%
10.	JAIL PLUS	56%	62%	41%	54%	53%
11.	STAGES	78%	67%	82%	70%	74%
12.	WRAPAROUND	48%	31%	41%	45%	41%
13.	YAP	80%	82%	85%	Audit Prep	82%

BLACK FAMILY DEVELOPMENT, INC.

ANNUAL ERROR RATE REPORT

2016

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (15)

TOTAL TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (5)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (8)
4) Program contract requirements: (1)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Financial impact (0)
7) Other: (3)

(* Error rate reports frequently contain a cited violation in more than one category)

ADMINISTRATION

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (6)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (1)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (4)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Financial impact (0)
7) Other: (1)

(* Error rate reports may contain a cited violation in more than one category)

1

Error reports submitted for:
- CEO missed meeting due to wrong date on her calendar.
- Incorrect material was copied for a meeting the CEO attended resulting in the wrong copies being distributed.
- Clinical Director left work prior to 5PM without approval from supervisor.
- HR Director mailed the last check to an employee that had ended employment with the organization (BES) in violation of the policy and procedure.
- HR Director put incorrect date on exit interview memo.
- Community Affairs staff had program brochures printed with out an authorized Publication Request form.

CITY OF DETROIT (SUBSTANCE ABUSE)

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (N/A)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The City of Detroit substance abuse program did not submit any error rate reports in 2016.

CMO

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (1)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (1)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

- CMO VP did not forward an email to internal staff regarding a provider being on a 2nd provisional license.

CMO ISP

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

7) Fulfillment of job duties: (0)
8) BFDI Code of Ethics: (0)
9) BFDI Policies and Procedures: (0)
10) Program contract requirements: (0)
11) CAFS Juvenile Justice policies and procedures: (0)
12) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The CMO ISP program did not submit any error rate reports in 2016.

E.P.I.C.

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

13) Fulfillment of job duties: (0)
14) BFDI Code of Ethics: (0)
15) BFDI Policies and Procedures: (0)
16) Program contract requirements: (0)
17) CAFS Juvenile Justice policies and procedures: (0)
18) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The EPIC program did not submit any error rate reports in 2016.

FACE

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)

4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (N/A)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The FACE program did not submit any error rate reports in 2016.

FAMILY CONNECTIONS

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/15-12/31/15: (1)

TYPE/NUMBER OF REPORTED ERRORS *:

19) Fulfillment of job duties: (0)
20) BFDI Code of Ethics: (0)
21) BFDI Policies and Procedures: (0)
22) Program contract requirements: (0)
23) CAFS Juvenile Justice policies and procedures: (N/A)
24) Other: (1)

(* Error rate reports may contain a cited violation in more than one category)

- Administrative assistant submitted a report on the Apricot system which contained a numerical error. Funder contacted CEO. Corrected report was submitted after the deadline.

FREE PREVENTION

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The FREE Prevention program did not submit any error rate reports in 2016.

INTENSIVE FAMILY SERVICES

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

7) Fulfillment of job duties: (0)
8) BFDI Code of Ethics: (0)
9) BFDI Policies and Procedures: (0)
10) Program contract requirements: (0)
11) CAFS Juvenile Justice policies and procedures: (0)
12) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The Intensive Family Services program did not submit any error rate reports in 2016.

HOPE

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The HOPE program did not submit any error rate reports in 2016.

INFORMATION TECHNOLOGY

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (1)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (0)

6) Other: (1)

(* Error rate reports may contain a cited violation in more than one category)

- I.T. Director sent an email to the wrong person who should not have had access to the information provided in the email.

JAIL PLUS

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (N/A)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The Jail Plus program did not submit any error rate reports in 2016.

M.I.S.

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (2)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (1)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (N/A)
6) Other: (1)

(* Error rate reports may contain a cited violation in more than one category)

- Data entry error on CMO billing.
- Consumer's personal information was inadvertently forwarded to Carelink.

SCHOOL- BASED SERVICES

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (1)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (1)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (0)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

- Submission of billing for school based staff who did not have the required licensure for the billed services.

S.T.A.G.E.S.

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (3)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (1)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (3)
4) Program contract requirements: (0)
5) CAFS Juvenile Justice policies and procedures: (N/A)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

- Staff did not report to work site prior to doing errand for program activity.
- Billing adjudicator did not follow chain of command by communicating with funding source directly.
- Billing adjudicator appealed a denied claim without following chain of command or communication with supervisor.

Y.A.P.

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

7) Fulfillment of job duties: (0)
8) BFDI Code of Ethics: (0)
9) BFDI Policies and Procedures: (0)
10) Program contract requirements: (0)
11) CAFS Juvenile Justice policies and procedures: (0)
12) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The Y.A.P. program did not submit any error rate reports in 2016.

JAIL PLUS

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

13) Fulfillment of job duties: (0)
14) BFDI Code of Ethics: (0)
15) BFDI Policies and Procedures: (0)
16) Program contract requirements: (0)
17) CAFS Juvenile Justice policies and procedures: (N/A)
18) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The Jail Plus program did not submit any error rate reports in 2016.

WRAPAROUND

TOTAL NUMBER OF ERROR RATE REPORTS SUBMITTED 1/1/16-12/31/16: (0)

TYPE/NUMBER OF REPORTED ERRORS *:

1) Fulfillment of job duties: (0)
2) BFDI Code of Ethics: (0)
3) BFDI Policies and Procedures: (0)
4) Program contract requirements: (0)

5) CAFS Juvenile Justice policies and procedures: (0)
6) Other: (0)

(* Error rate reports may contain a cited violation in more than one category)

The Wraparound program did not submit any error rate reports for 2016

SUMMARY

There were (13) error rate reports submitted in 2015. There were (15) error rate reports submitted in 2016. This is a slight increase from the previous year It appears the error rate reports are not a reliable indicator of performance or trends and patterns. Based on quality assurance reviews, it is apparent that errors are occurring that are not reported on via the error rate report. In order for the error rate report to be a meaningful management tool, there will need to be consistent application by supervisory staff and in all programs. It is clear that identical errors are reported on occasion while others are not, e.g. non-compliant records. It is not clear how the error rate reports are used by management staff at the program level or how error rate reports are used to improve performance by program managers. It does appear that the use of the error rate report is arbitrary.

The Error Rate Report Policy was revised and distributed to all staff in January of 2014. The revised policy was more specific regarding when error rate reports are required. The expectation is that all managers will comply with the error rate report process per the revised policy.

RECOMMENDATIONS

1. It is recommended that the Employee Performance Appraisal form include a section or question(s) that are specific to the number of error rate reports specific to the performance of that employee.
2. It is recommended that program managers be evaluated on their use of the error rate report as an element of their performance evaluations.

2016 Summary

This section details the 2016 activities relating to Recipient Rights in the following areas;

- Allegation/ Complaint Summary
- Complaint Sources
- Allegation/ Complaint Log
- Recipient Rights Training

- Recipient Rights Publications and Posting
- Recipient Rights Recommendations

Year-End Highlights
- The recipient rights committee provided training to all new staff and ensure that recipient rights documentation is properly displayed in 100% of all BFDI service delivery locations

Data/Measurement(s):
- Staff Training Documentation
- Recipient Rights Training Aggregate Report

What was improved and learned?
- The recipient rights committee will continue to educate service providers, consumers and community partners about recipient rights standards. We know that as we keep the rights of the recipient at the forefront of all that we do, we will ensure that we consistently serve our community with dignity and fairness. However, it is recommended that new requirements from Detroit Wayne Mental Health Authority be closely monitored so that recipient rights policies and procedures are modified as necessary to ensure compliance.

Extenuating circumstances impacting outcomes?
- Nothing to report

Performance Improvement Goals:
- The Recipient Rights Advisor will provide training to all new employees on all recipient rights policies, consumer handbooks, and the consumer orientation manual.
- The Recipient Rights Advisor, as may be needed, will provide updates during Staff Meetings on any new revisions, regulations, or laws pertaining to the rights of all consumers.

Black Family Development, Inc.

Recipient Rights Annual Report

2016

Introduction:

A consumer receiving services through Black Family Development, Inc. can verbally or in writing communicate a concern and the need for action. This can be done in several ways.

- Ask to speak with the assigned BFDI Counselor, and/or BFDI Counselor's Supervisor.
- They will meet informally with the consumer to respond to questions and/or resolve complaints through direct discussion.
- Every effort shall be made to resolve the consumer's concern within a 24 hour basis and no longer than 30 days following the complaint.
- Any grievances and recipient rights complaints that you have will be referred to the appropriate part for action.

If a consumer is not satisfied with the outcome of the discussion with the Counselor, and the Counselor's supervisor, a complaint can be made to the Recipient Rights Advisor.

Allegation/Complaint Summary:

There were no allegation presented to the Recipient Rights Advisor in 2015.

Complaint Sources for the Reported Allegations:

N/A

Allegation/Complaint Log 2016

BFDI Program	Date Received	RR Allegation/ Complaint #	Issued by	Notification letter sent	Category/ Code	Formal F / Intervention (informal)	Status/ Resolution	Date Closed
0	0	0	0	0	0	0	0	0

Categories of Complaints Received by the BFDI Recipient Rights Advisor:

N/A

Recipient Rights Training

New staff members continue to receive training on Recipient Rights given by the Recipient Rights Advisor. An on-line internal training program, related to recipient rights and LEP, is used as well as face to face training when requested for new hires.

The Detroit Wayne Mental Health Authority requires The Virtual Center of Excellence (VICE). VCE was created by the Detroit-Wayne County Mental Health Authority (D-WCMHA) in 2006 to promote System Transformation through workforce development. VCE is a network for the ongoing educational development through **on-line training and dissemination of information regarding best-practices for mental health and substance abuse service delivery.**

The Detroit Wayne Mental Health Authority (DWMHA), requires new staff to participate in training that is provided by the DWMHA are a designated on-site location that DWMHA determines. Addition training must then be taken through VCE at prescribed intervals.

Recipient Rights Publications and Posting

Black Family Development, Inc. (BFDI) continues to provide, monitor and update to reflect current agency staff and policy changes, a Consumer Handbook for the purpose of providing consumers with an introduction to BFDI, with emphasis on their Rights and Responsibilities.

Know Your Rights Posters are displayed in consumer and staff areas to reinforce rights information and ways in which to voice a concern and how to contact the Recipient Rights Advisor for additional assistance in resolving issues.

Specific health information, resource information (nutrition, education, mental health, community volunteerism, etc.) and other information is collected and presented in publication stands for consumers and staff.

Recipient Rights Recommendations

All recommendations will be referred to the CEO, COO, and Quality Assurance Director for consideration and implementation via the strategic planning process, or sooner if applicable.

- Review and monitor new requirements from Detroit Wayne Mental Health Authority and update Staff and Consumer Information according.
- Review all postings to ensure accurate contact information is provided.
- Provide supportive training to staff in Team Meetings as it related on:
1. BFDI's policy on Dignity and Respect.
2. LEP

2016 Summary

This section details the 2016 activities relating to Management Information Systems in the following areas;

- Administrative Overview
  - Training
  - Performance Goals Planning
- Provider Placement Trends
- Demographic Data
- Juvenile Justice Consumer Trends

Year-End Highlights
- The Management Information Systems Department in collaboration with the Information Technology Department successfully completed the master database to centralize consumer enrollment data across the agency. The data repository is operational and is used consistently across most programs.

Data/Measurement(s):
- Population Report
- Care Management Trends Report

What was improved and learned?
- We learned that we can further refine data collection to provide a more comprehensive picture of the consumer needs and community trends. Toward that end, we adapted our data collection tools to glean more valuable consumer and stakeholder information. We also began designing phase two of the data repository to bring our data collection plan to scale in a way that is competitive with and in some scenarios more sophisticated than other similar organizations in the marketplace.

Extenuating circumstances impacting outcomes?
- None

Performance Improvement Goals:
- The MIS Manager will continue to improve the quality of data publications by ensuring information is published in a way that is easy to understand and accurately reflects the present reality and forecasted trends of the consumers and communities we serve.
- The MIS Manager will provide monthly, quarterly, and annual reports to the Executive Team on trends and patterns in consumer population, enrollment, movement, and dis-enrollment by program elements.

2016

Black Family
Development, Inc.

[MIS YEAR END REPORT]

This document serves as a report summary for the functions and consumer outcomes monitored by the
Management Information Systems Department

Contents

Introduction

This report will provide a concise overview of the activities and outcomes of the Information Systems Department during 2016.

MIS Team Status 2016- Administrative overview

- Staffing
  - During the calendar year 2016, the Management Information Systems Department maintained three (3) full-time staff.
- Training
- MIS staff participated in quarterly training and ongoing refreshers during team meetings facilitated by the MIS Administrator. MIS Administrator attended two external Trainings in Boston, Massachusetts as well as on-line training.
- Absences- there was one extended leave of absence noted
  - MIS Administrator- no sick time used in 2016
  - MIS Staff 1- staff utilized short term disability to receive medical treatment
  - MIS Staff 2- no extended sick time used in 2016
- Performance
  - All staff met expected performance measures with occasional errors noted due to human oversight. Annual Performance evaluations were conducted within one month of the anniversary of staff hire dates and were administered per agency policy.
- Reprimands
  - No reprimands were issued in 2016
- Written Warnings
  - One written warning was issued to address areas of needed improvement relating to properly signing in.
- Corrective Actions
  - No corrective actions were issued in 2016

- Error Reports
  - One error rate report was issued to a MIS staff due to a human error
- Goals for 2016-2017
  - Performance Goal for 2016: to centralize intake across the agency by creating a master consumer data base.- completed
  - Training Goal for 2016- ensured that MIS staff achieved at least 25 hours of training per policy.
  - Continuous Improvement Plan for 2017- each month the MIS Administrator will meet with the team and each member MUST be prepared to offer an observation on how they can improve their own performance as well as offer suggestions on team processes that can be improved to better support agency goals and objectives.
  - We will continue the centralization of data by working to incorporate the CMO population report into the master consumer database. By achieving this goal we will further reduce data entry redundancies.

CMO Trends

The MIS department processed 789 CMT transactions during 2016. 99.64% of all CMT requests were approved. 6 CMT transactions were not approved which represents 0.32% of all transactions. Please note; none of these rejections resulted in loss days of care. The following charts will detail consumer trends while in care during 2013

Tx Provider Rate Bands

- 9.56%
- 11.58%
- 6.62%
- 5.51%
- 3.31%
- 2.76%
- 0.37%
- 0.18%
- 0.18%
- 0.18%
- 0.18%
- 59.56%

Legend:
- BFDI
- Spectrum
- Don Bosco
- Wolverine
- Starr Commonwealth
- Vista Maria
- DBI
- Havenwyck
- Ennis
- Kairos
- Lakeside
- Hospital
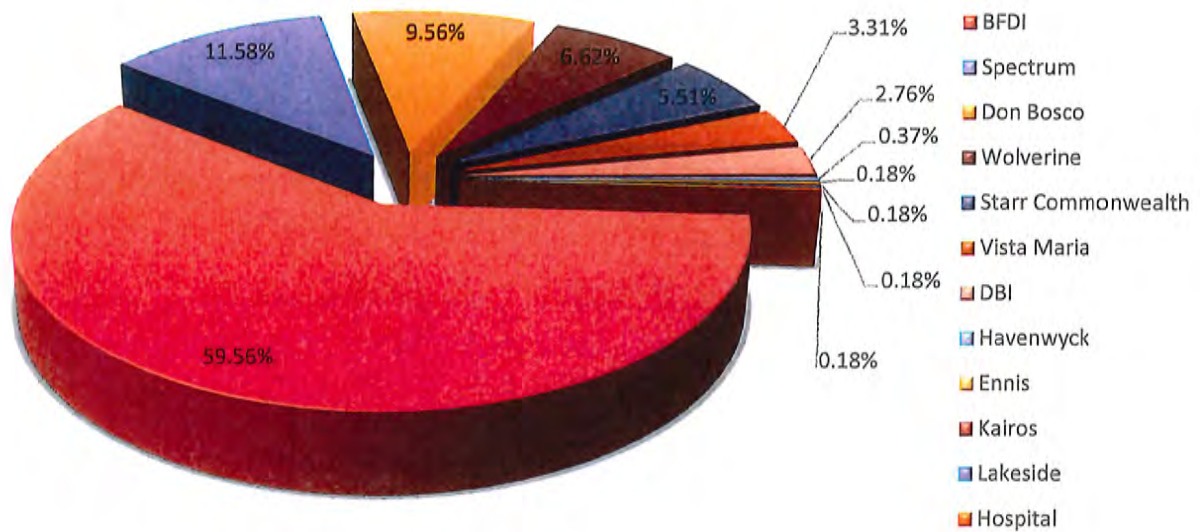
There was a 5% decrease in escalations as compared to 2015.

MOVEMENT TRENDS

- Lateral Move, 31.995%
- Mental Health Hospitalization, 0.125%, 0%
- Tx Interruption, 12.798%
- De-escalation, 12.045%
- Detention, 18.695%
- Escalation, 8.156%
- Initial, 16.186%
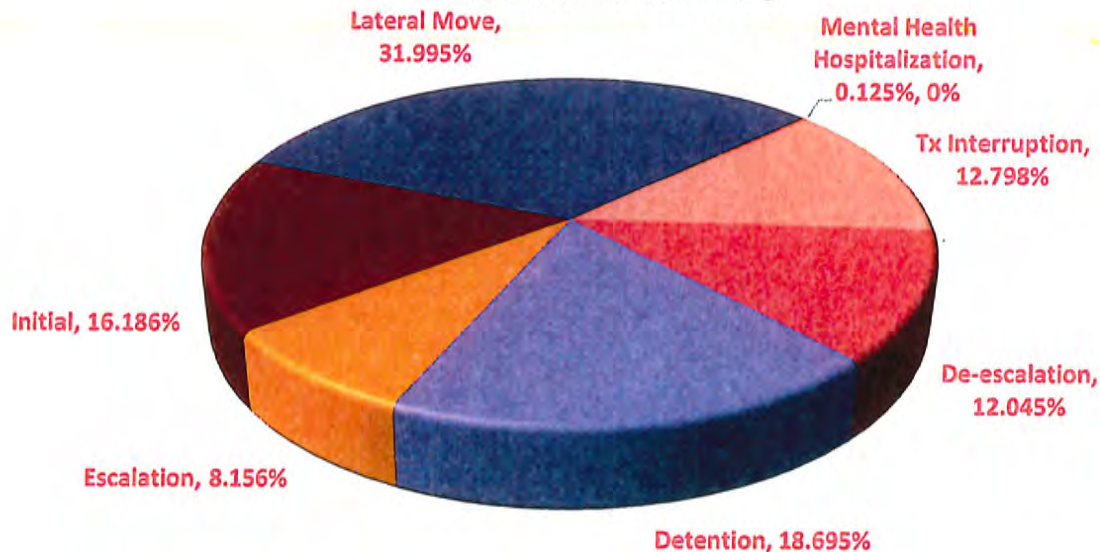
CMO Cases Served

CMO served 283 cases in 2016. This number represents an unduplicated count. More than 95% of our consumers are of African American descent. The average age of consumers in care was 16.24 for females, 16.30 for males.

Gender Total

20.49%

79.51%

- F
- M

Gender Total

	F					M								
	13	15	16	17	18	19	12	13	14	15	16	17	18	19	20
□Total	2	18	11	19	6	2	3	6	17	37	50	66	35	10	1
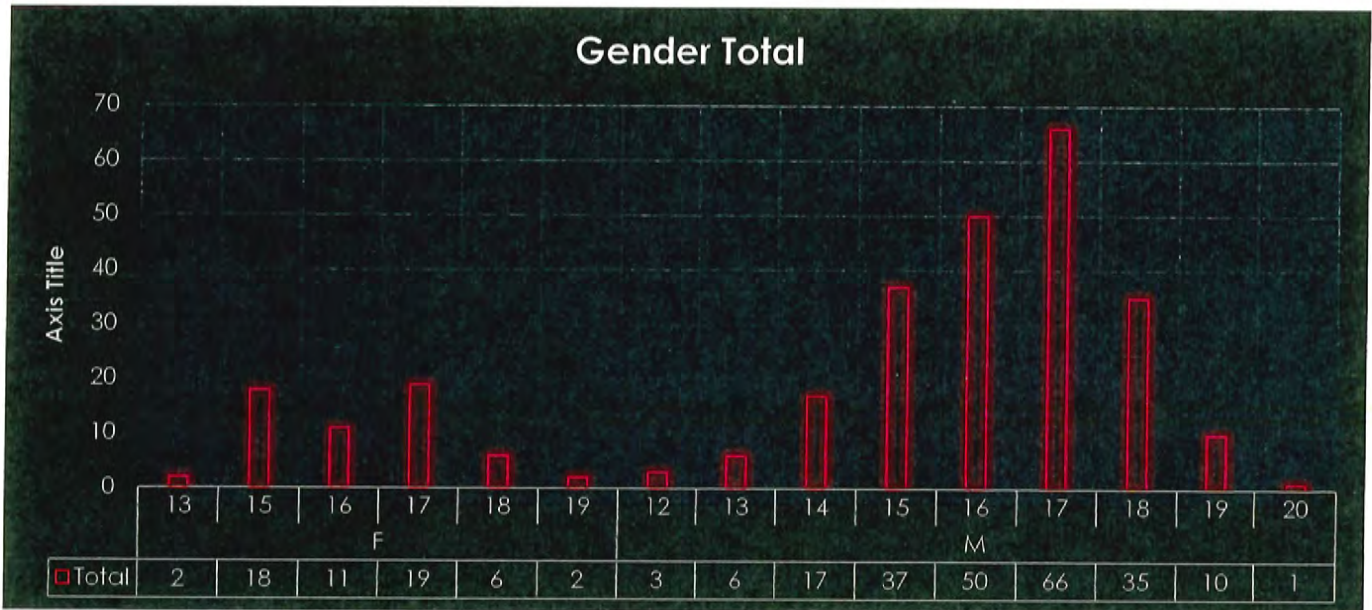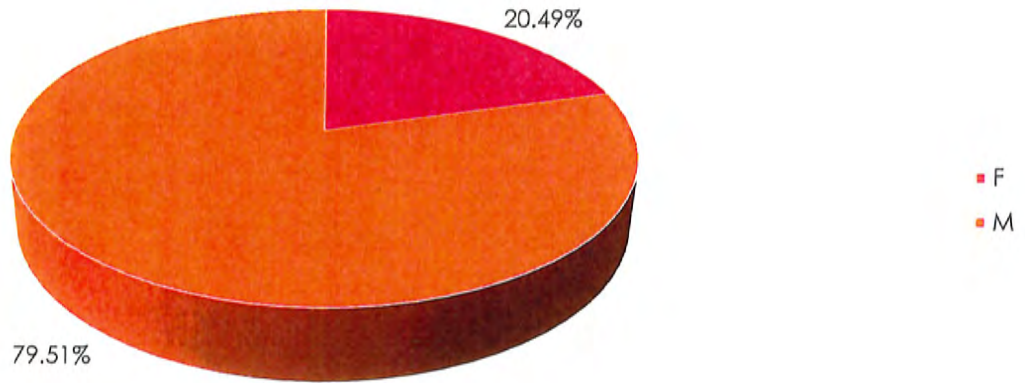
Case Trends

The majority of new case assignment for the CMO were designated as residential placements.

Enrollment Trends

Residential Placement CFCS — 16%

CMO In-Home Supervision 43%

Residential Placement 39%

CMO In-Home Supervision CFCS 2%
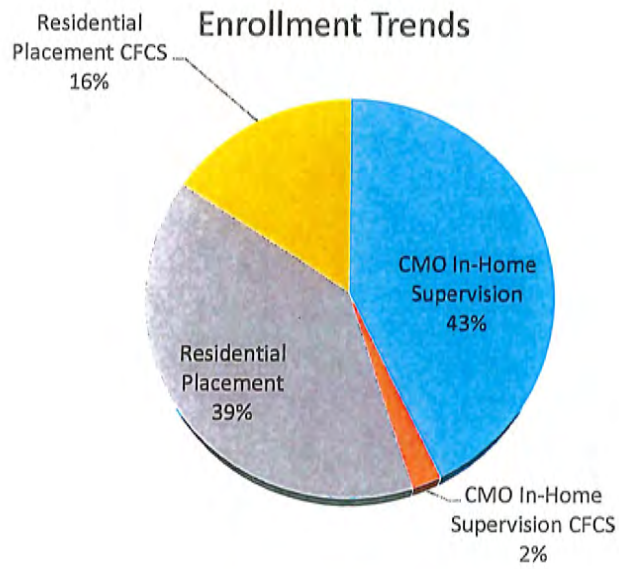
The majority of cases closed in 2016 terminated while in a community based setting.

Disenrollment Trends

Jail 2%

In Home 1%

Residential- Secure 5%

Foster Care 1%

AWOL 5%

Detention 13%

Community 73%
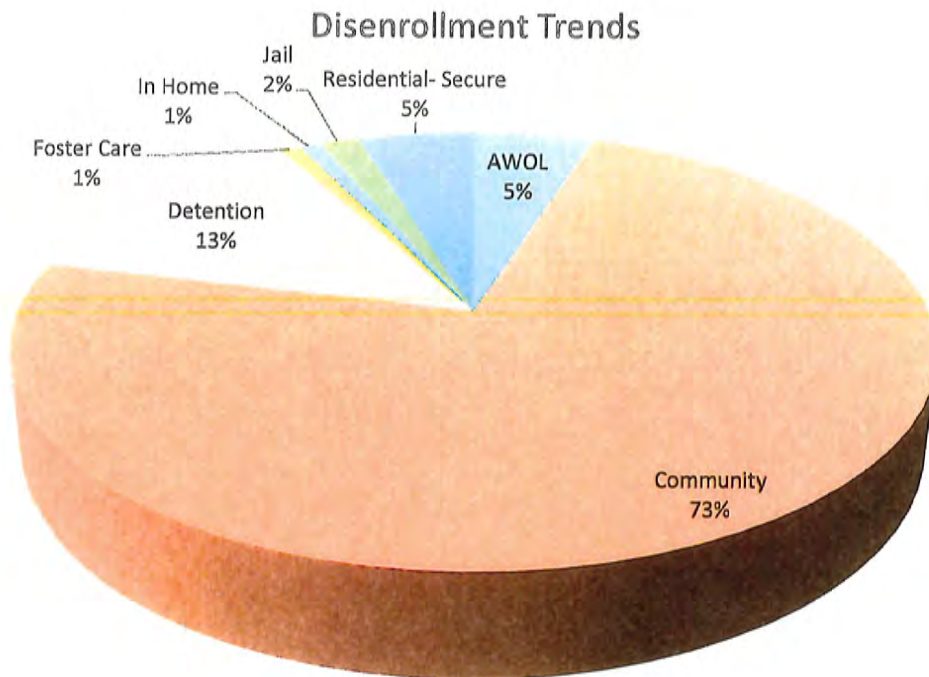
AWOL Trends

BFD has maintained an AWOL census of 10% or less for much of 2016. As stated in the previous chart 5% of terminated cases are on AWOL status at the time of case closing. Below is the summary of AWOLS per parent company.

Awols by Provider Total

- BFDI
- Don Bosco
- Spectrum
- Starr Commonwealth
- Vista Maria
- Wolverine

65% — BFDI
18% — Don Bosco
6% — Spectrum
1%
5% — Starr Commonwealth
5% — Vista Maria / Wolverine
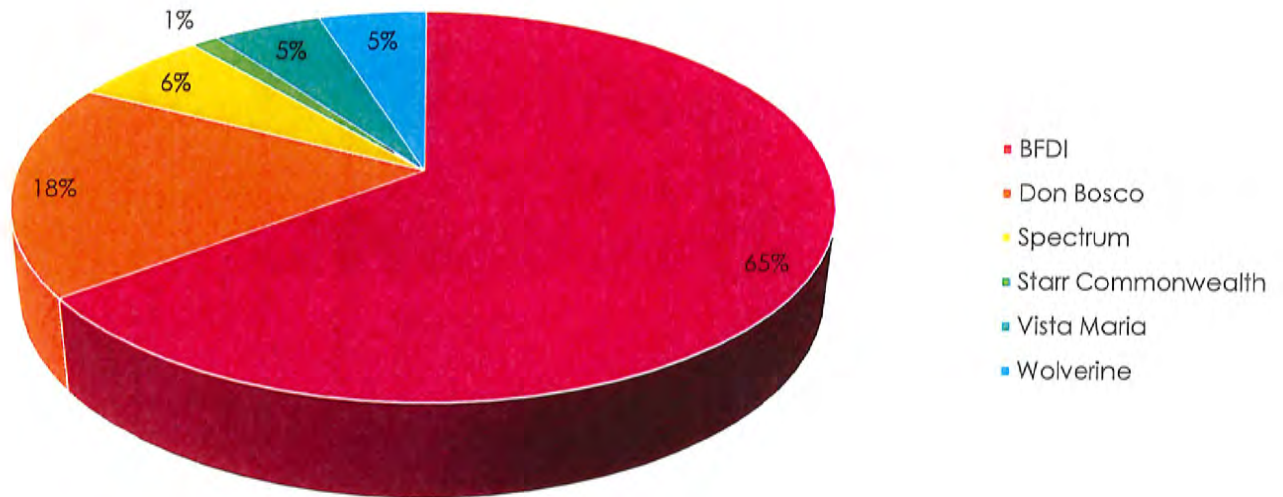
BFDI Provider AWOL trend

Awols by Provider Total

BFDI Black Family Development 12%
BFDI BFDI - Wrap Around 4%
BFDI BFDI - Regular Community Supervision 20%
BFDI BFDI - Intensive Family Services 19%
BFDI BFDI - Integrated Services Program 45%
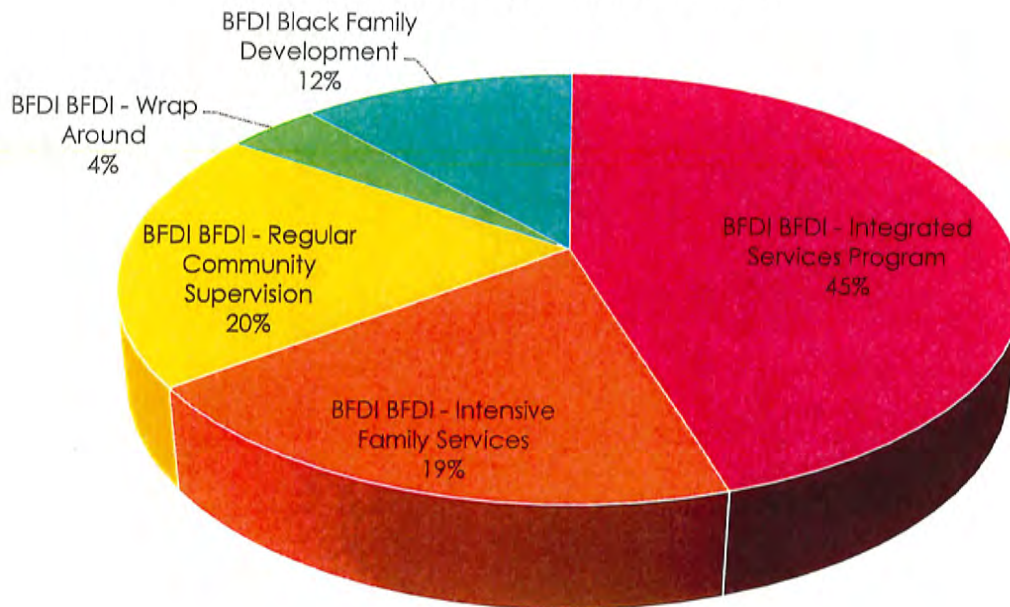
2016 Summary

This section details the 2016 activities relating to Information Technology in the following areas;

- Administrative Overview

Year-End Highlights
- Adequate finances were allocated to implement the next phase of technological upgrades across the agency which allowed us to craft a more sophisticated infrastructure and expanded ways to receive on-line donations.

Data/Measurement(s):
- Staff Training Logs
- Staff Satisfaction Surveys

What was improved and learned?
- All computers in the agency were upgraded to further insulate our data against risk of loss or vulnerability to viruses and other threats.
- The purchase of system hardware and software grades resulted in improvements to the organization's IT infrastructure and improve the effectiveness and efficiency of staff utilization of same.

Extenuating circumstances impacting outcomes?
None

Performance Improvement Goal:
- To continue assessing the needs of all staff in the area of Information Technology (IT), and provide monthly "Lunch and Learn" seminars to increase staff knowledge and skills in related IT areas.
- To continue publishing quarterly IT newsletters to update staff on current trends and patterns in the information technology arena.

BLACK FAMILY DEVELOPMENT, INC.

2016

INFORMATION TECHNOLOGY

YEAR END REPORT

ORGANIZATIONAL AREA: INFORMATION TECHNOLOGY

YEAR END SUMMARY REPORT

January 15, 2017

Area of Responsibility

The Information Technology department is responsible for supporting all IT services in the agency, which includes, but is not limited to

1) Internet services
2) Website development
3) Help desk assistance
4) Server and personal computer maintenance
5) PC/Server backups
6) Firewall support
7) Anti-virus support
8) E-mail support, and
9) Network security

Information Technology is responsible for providing security, support, protection and confidentiality of agency data and proprietary software systems. The IT department is also responsible for recommending the purchase of hardware and software for the agency.

Staffing Pattern for Information Technology Department

The staffing pattern of the Information Technology department consists of 3 full time staff. We have two network administrators who primary responsibility is to maintain network performance and security, provide firewall support, maintain system backups, and provide technical support assistance to staff.

The director is responsible for managing staff, ensuring that their tasks are completed on time and within our quality standards.   The director is also responsible for coordinating and prioritizing all help desk support. The Director ensures that all IT services are operating within a standard framework at all times in the agency.

Goal 1

1) <u>Change vendor and online processing for agency website donations.</u>
Fifth Third bank has indicated that its online donation processing service will expire in October 31st, 2016 and have informed its customers that it will no longer work after that date.

Action Plan

- Meet with BFDI fiscal management to gather requirements for implementing the new online donation process.
- Select vendor to be used for Donation button on website
- Configure financial information for PayPal
- Test the donation process to ensure that everything is working

<u>Outcome</u> - This goal has been completed.

<u>Responsible Person/Department</u>

Bronson Nichols, under the leadership of the IT Director.

Goal 2

2) <u>Upgrade all computers in the agency to a new version of Anti-Virus software.</u>

Action Plan

- Download, Install and Configure Trend Micro Anti-Virus Server Version 9 on a Windows 10 computer.
- Uninstall version 8 and install version 9 on all computers in the agency
- Confirm that installation is working
- Configure the server to scan all computers in the agency every night and review nightly report.

<u>Outcome</u> - This goal has been completed.

<u>Responsible Person/Department</u>

The IT team, under the leadership of the IT Director.

Goal 3

3) **Upgrade computers to Windows 10 for agency staff.**
   Windows 10 is the latest operating system offered from Microsoft. Microsoft Windows 10 was available for free until Jun 30th, 2016.   Upgrades using the free version, will save the agency money, because all computers will not need to be upgraded to Windows 10 in the future.

   Action Plan

   - Download, Install and Configure Windows 10 computer on staff's computers in the agency.
   - Confirm that installation is working
   - Train staff on how to use the Windows 10 environment
   - We have converted approximately 25 computers to the Windows 10 environment

Outcome - This goal has been completed.

Responsible Person/Department

   The IT team, under the leadership of the IT Director.

Goal 4

Provide on-going training to BFDI staff

Action Plan

   - Provide training on Microsoft Word, Excel, PowerPoint and Publisher features
   - Provide training on the email client Outlook 2013, its features and configuration
   - Provide training on the Outlook Web Access client – Email Access through the Internet
   - Provide training for the agency's thin client environment for staff
   - Provide training on the Windows 10 environment
   - Provide training on data analyzation tools on Excel 2013. This will enable staff to perform what if scenarios to scrutinize/examine spreadsheet data on consumer information

Outcome – This goal has been completed

Responsible Person/Department

   The IT Department, under the leadership of the IT Director

Goal 5

Upgrade backup Internet connection for staff at the Grand Blvd Location.

To upgrade Internet backup services for the Grand Blvd Location.   Currently backup Internet speed for the agency is 16MB/per second. We plan to upgrade this connection to a 150 MB/per second connection. This new connection will provide backup Internet access, if the primary AT&T 50 Mb/per second connection fails.

Action Plan

- Order and Implement faster a (150 MB/per second) Internet connection from Comcast.   Costs only increased by $35 a month for the agency
- Connection will provide backup Internet and computer connection to the Internet.

Responsible Person/Department

The IT Department, under the leadership of the IT Director.

Outcome: This goal is completed.

Goal 6

Install Backup Internet Connection for Black Family Development Inc. - CMO Location

Currently there is no backup for the CMO location.

Action Plan

- Order new backup Internet connection for the 5555 Conner – CMO Location – the speed on Internet connection is 20MB/sec
- Install and implement new AT&T router for faster Internet access
- Install fiber connection from CMO telephone closet to BFDI server room. – a length of over 600 feet. Configure firewall to use Comcast as primary connection and ATT Fiber as fail-over connection.
- Test the fail over connection

Outcome – This goal is completed. Installation of new and faster router for staff was completed in October, 2016.

Responsible Person/Department

The IT Department, under the leadership of the IT Director

Goal 7

Develop a new Intranet for Black Family Development Inc.

The Information Development Team has developed a new Intranet. The Intranet is an internal web site that can only be accessed by employees. It has been redesigned to enable improved access to BFDI related information. It can now be accessed by all staff whether they are on-site or off-site of the main office using the terminal server.

Action Plan

- Develop a new Intranet design that improves the look and flow of data on the Intranet.
- Ensure it includes all components and information on current Intranet site
- To allow for easier and quicker access to BFDI related policies, procedures, business forms, agency data, and other related information.
- To allow for easier access to BFDI related case management and administrative forms.

Outcome – This goal of the new design has been completed. New Intranet design has submitted for CEO approval in December 2016.

Responsible Person/Department

The IT Department, in conjunction with senior management.

11

2016 Summary

This section details the 2016 activities relating to Financial Management, Health and Safety and Human Resources in the following areas;

- Administrative Overview
- Health and Safety Overview
- Risk Management

Year-End Highlights
- BFDI, Inc. experienced a .15% increase in actual revenues beyond what was budgeted and also achieved projected excess revenues over expenses.
- 8 FTE's were re-assigned to vacant positions which allowed BFDI to avoid lay-off due to ended funding of multiple programs.

Data/Measurement(s):
- Financial Management Reports
- Outcome Reports
- Risk Management Reports

What was improved and learned?
- Continue to provide technical assistance to program managers on specific strategies to assess the most competitive purchase of service arrangements, while ensuring that consumer needs are met.
- Due to the increase in program services and the number of funder audits conducted, we have learned that the Human Resources Department lacked the capacity to respond to auditing requests; thus, there is a need to expand the staffing in the Human Resources Department.
- To conduct quarterly reviews rather than semi-annual reviews on all of BFDI's insurance carriers to reduce the risk of not identifying negative ratings early on.

Extenuating circumstances impacting outcomes?
- None

Performance Improvement Goals:
- To recruit, hire, and train a Human Resources Assistant.
- To provide ongoing training to staff on health and safety issues to reduce unusual incidents, and to reduce any potential risks to staff or consumers.
- To continue developing strategies, in concert with the Executive Team to maximize revenues and contain cost.

- To continue working with the CEO and COO to increase the diversity of the agency's funding streams.
- To continue working in collaboration with the IT Director to determine a methodology for scanning all fiscal documents by 2017.
- To attend the second set of seminars on the sweeping changes to the OMB Circulars and their impact on BFDI policies and procedures.
- To update BFDI policies and procedures based on the OMB Circular changes and train accounting staff accordingly.
- To work in collaboration with the Health and Safety Committee to update CARF policies.
- To work in collaboration with the Health and Safety Committee to continue to receive training from the Department of Homeland Security on new evacuation methods.
- To work in collaboration with the Human Resources Manager to receive training on HR Laws and Health Care Reform's impact on BFDI.
- To work in collaboration with the HR Manager to update CARF policies.
- To work in collaboration with the Compliance Officer and Human Resources Manager to complete the annual risk assessment of insurances and high risk incidents reported.

Annual Outcome Plan - 2016 Year End Report

Presented By: Jane Fernanders – C.F.O.

Areas of Responsibility

The Chief Financial Officer has overall responsibility for financial management, facilities management, health and safety, risk management, and human resources management. The CFO has major responsibility for budget planning and development, and plays a major role in the fiscal development of a long-term business plan for the organization. The CFO's responsibilities also include; assuring fiscal and contract compliance with BFDI policy and procedure, maintaining effective fiscal monitoring and control mechanisms, risk management analysis, retirement planning and forecasting, participating and preparing reporting mechanisms for the Board's Finance Committee, serving on community boards and providing technical assistance to community based initiatives.

Staffing Pattern

```
                          Jane Fernanders
                       Chief Financial Officer


   Shirley Dockery      Ruth Shelby        Faye Peterson      Hernando Sierra
  Accounts Payables   Human Resources &   CMO Accounting      Cost & Billing
      Manager          Health & Safety      Supervisor         Accountant
                          Manager


    Alicia Lorick      Preston Taylor      Yvonne Miller
 Accounting Clerk III  Driver/Maintenance   Receptionist
  (Payroll Specialist)
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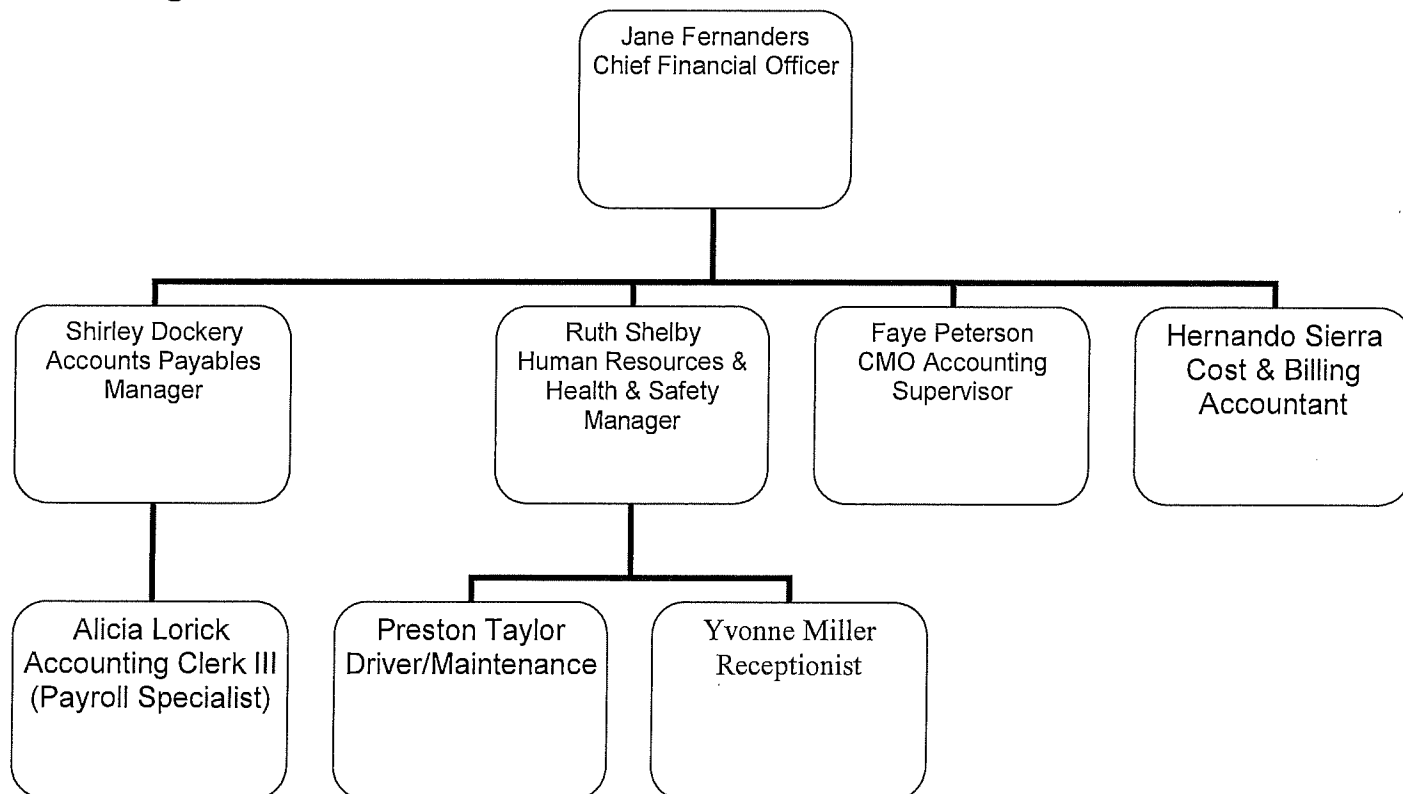
I. Areas of Needed Improvement for 2016

    a. Financial Management
        1. Cost Containment
        2. Revenue Diversity
        3. Paper Reduction
        4. Centralized Data Management
        5. Training on OMB Super Circular Updates
        6. CARF Updates
    b. Health and Safety
        1. Update CARF Manual
        2. Provide Training on CARF Updates
    c. Human Resources Management
        1. Recruit for open positions
        2. Training on HR Laws and Health Care Reform
        3. Update CARF Manual
    d. Risk Management
        1. Risk Assessment
        2. Risk Analysis

II. Goals to Achieve in 2016

2016 Specific Area of Needed Improvement		2016 Goals
I. a. Financial Management	1. Cost Containment	The CFO, COO and UR Manager will continue to monitor UR and MIS data tracking systems to assure that staff to consumer ratios and LOS protocols are maintained. The CFO will continue to monitor program budgets monthly and quarterly to assure that they are compliant with BFDI operating procedures.
	2. Revenue Diversity	The CFO will work in collaboration with the COO and CEO, to continue to increase the diversity of the Agency's funding streams.
	3. Paper Reduction	The CFO will continue to work in collaboration with the IT Director to determine a methodology for scanning all fiscal documents by 2017.
	4. Centralized Data Management	The CFO will work in collaboration with the COO and IT Director, to get quotes on the software implementation phase of BFDI's centralized data management.
	5. Training on OMB Super Circular Changes	The CFO will attend the second set of seminars on the sweeping changes to the OMB Circulars and their impact on BFDI policy and procedure.
	6. Policy Updates	The CFO will update BFDI policy and procedure based on the OMB Circular changes and train accounting staff accordingly.
I. b. Health and Safety	1. Update CARF Manual	The CFO will work in collaboration with the H&S Director to update CARF policies.

	2. Provide Training on CARF Updates	The CFO will work in collaboration with the H&S Director to continue to get training from The Department of Homeland Security on new evacuation methods. H&S Director will provide increased training for staff and consumers on new evacuation methods and other safety policies as updated for CARF.
I. c. Human Resources Management	1. Recruit for Open Positions	The CFO will work in collaboration with the CEO, COO and HR Manager to recruit and hire staff as budgeted.
	2. Training in HR Laws and Health Care Reform	The CFO will work in collaboration with the HR Manager to receive training on HR Law and Health Care Reform's impact on BFDI.
	3. Update CARF Policies	The CFO will work in collaboration with the HR Manager to update CARF policies.
I. d. Risk Management	1. Risk Assessment & Analysis	The CFO will work in collaboration with the Compliance Officer and HR Manager, to complete the annual risk assessment of insurances and high risk incidents reported to determine their likelihood and frequency and impact of recurrence and to determine which risk will be monitored going forward based on historic frequencies.

III. Outcomes Achieved in 2016

Specific Area of Needed Improvement Summary (See also outcomes indicators below)			
Fiscal Area	**2016 Specific Area of Needed Improvement**	**2016 Goal**	**Completed by and date completed**
I. a. Financial Management	1. Cost Containment	The CFO, COO and UR Manager will continue to monitor UR and MIS data tracking systems to assure that staff to consumer ratios and LOS protocols are maintained. The CFO will continue to monitor program budgets monthly and quarterly to assure that they are compliant with BFDI operating procedures.	During 2016, the CFO, UR Director, and MIS Director, monitored daily and weekly tracking reports that provide data on consumer placement and projected excesses or deficits. This data was tracked using the daily cost accounting reports, and weekly population reports.
	2. Revenue Diversity	The CFO will work in collaboration with the COO, and CEO, to continue to increase the diversity of the Agency's funding streams.	The CEO, COO, and CFO, successfully decreased the BFDI's over reliance on its major funding source by reducing its reliance % from 64% to 61%
	3. Paper Reduction	The CFO will continue to work in collaboration with the IT Director to determine a methodology for scanning all fiscal documents by 2016.	This service is currently being achieved through Iron Mountain. However, it is only provided for case files, during 2017 we will look at the cost of this service agency wide.

	4. Centralized Data Management	The CFO will work in collaboration with the IT Director, to procure financing for the software and hardware budgeted for IT capacity development.	Phase I of this plan was completed in 2015, as the Agency invested $175K in IT hardware and connectivity upgrades. Phase II budgeted at $500K has been approved by the financing agent and will be completed by 2018.
	5. Training on OMB Super Circular Changes	The CFO will attend seminars on the sweeping changes to the OMB Circulars and their impact on BFDI policy and procedure.	The CFO has attended Part I and II of these trainings in Washington DC and will attend Part III of these trainings by June 2017.
	6. Policy Updates	The CFO will update BFDI policy and procedure based on the OMB Circular changes and train accounting staff accordingly.	The CFO completed the DRAFT of these updated policies. The final package will be ready for sign off by February 28, 2017. In addition the CFO completed the 2 Day Department of Justice Financial Management Training in September 2016.
I. b. Health and Safety	1. Update CARF Manual	The CFO will work in collaboration with the H&S Director to update CARF policies.	The CFO, H&S Director and CMO Accounting Manager, completed this task in, December 2016. The final package will be ready for sign off by February 28, 2017.
	2. Provide Training on CARF Updates	The CFO will work in collaboration with the H&S Director to continue to get training from The Department of Homeland Security on new evacuation methods. H&S Director will provide increased training for staff and consumers on new evacuation methods and other safety policies as updated for CARF.	The H&S Director attended new trainings on evacuations procedures in 2016, these trainings are ongoing. Additional trainings to staff include; CPR first aid trainings and OSHA safe work place trainings. .
I. c. Human Resources Management	1. Recruit for Open Positions	The CFO will work in collaboration with the CEO, COO and HR Manager to recruit and hire staff as budgeted.	The, CEO, COO, and CFO, were successful in re-assigning 8 FTE's from programs that ended, to new programs within the Agency. School Based (4) Mental Health and Skillman (4).
	2. Training in HR Laws and Health Care Reform	The CFO will work in collaboration with the HR Manager to receive training on HR Law and Health Care Reform's impact on BFDI.	The HR and Accounting Department Manager completed this training in April 2016
	3. Update CARF Policies	The CFO will work in collaboration with the HR Manager to update CARF policies.	The CFO and HR Director completed this task December 2016.
	4.	While it was not an established goal for 2016, the CFO working in collaboration with the CEO assessed the competitiveness of the Agency salary scale and retirement plan.	The salary scale assessment was completed in 2016 and the retirement plan implementation will be completed in 2017.

I. d. Risk Management	1. Risk Assessment	The CFO will work in collaboration with the Compliance Officer and HR Manager, to complete the annual risk assessment of high risk incidents reported to determine their likelihood and frequency and impact of recurrence.	The CFO, H&S Manager and CMO Accounting Manager, completed the annual funder's insurance risk and contingency assessment, both assessments revealed that BFDI's current coverages are sufficient. However 1 of BFDI's carriers BCBS have an AM Best Rating of "Negative Outlook", this updated information will be presented once the review is completed. The CFO and H&S Manager completed the annual risk assessment of high risk incidents (see tables and charts below A.6.2-6.7.
	2. Risk Analysis	The CFO will work in collaboration with the HR Manager to assess the appropriate levels of insurance needed to assure the most minimum risk exposure for BFDI.	The CFO and HR Director completed this annual assessment in December 2016.
I. e. Facility Expansion	1. Storage of Gardening Equipment	While this was not an established goal for 2016, the CFO worked in collaboration with the CEO and HR Manager, to set up a more permanent storage site for the Kresge gardening equipment.	This goal was completed in July 2016.

Financial Management Overview and Outcomes Indicators:

Cost Containment

As illustrated in **Table A.1** and the accompanying chart, the **impact** of BFDI's Fiscal Management policy, assures that BFDI is fiscally compliant in utilizing effective cost containment strategies and remaining a going concern. As a result the projected overall change in net assets for 2016 are $75,554.00.

Table A.1

BFDI- Monthly Excess Revenues/Disbursements Indicator
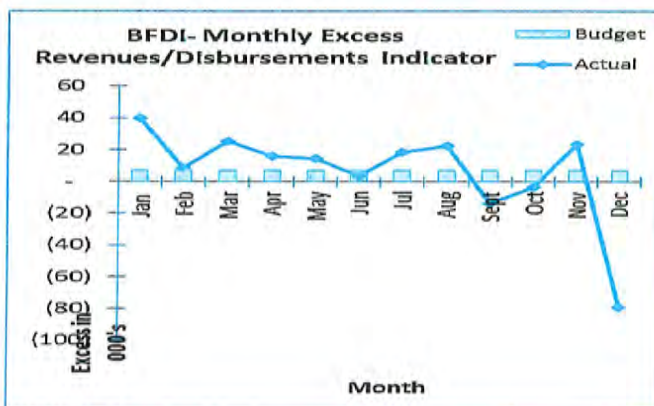
Month 2016	Excess (Deficit) rounded
January	$40,003
February	$8,417
March	$25,663
April	$15,776
May	$14,325
June	$3,795
July	$18,512
August	$22,521
September	($13,929)
October	($3,160)
November	$23,389
¹December (Projected)	($79,759)
Change in Net Assets	$75,554

Outcomes Achieved (cont.)

In addition **Table A.1** shows that during the months of September, October and December 2016 a deficit occurred. The deficit was the result of contract year end closeout accruals in both September and December and the overuse of higher cost secure residential beds in October. However, a successful turnaround plan was executed by the UR, Programming and Fiscal departments to use more Lincoln Center beds and lower cost OHC beds, the **impact** of which moved the Agency to a positive change in net assets at year-end.

As identified in **Table A.2**, BFDI experienced a 2% increase in CMO funding for the 2016-17 contract year due in part to an increase in days of care utilization compared to the other CMO's. Days of care use will be monitored for 2017 by the CFO, the VP of JJ, and the UR Manager to assure that the desired outcomes are achieved.

Table A. 2

Contract Year	Annual Amount	$ (Reduction) Increase	Increase (Reduction) %
2008-2009	$23,322,730	($3,887,602)	-14%
2009-2010	$20,282,500	($3,040,230)	-13%
2010-2011	$17,550,980	($2,731,520)	-13%
2011-2012	$14,565,309	($2,985,671)	-17%
2012-2013	$12,122,725	($2,442,584)	-17%
2013-2014	$12,188,349	$65,624	1%
2014-2015	$11,505,274	($683,075)	-6%
2015-2016	$10,460,672	($1,044,602)	-10%
2016-2017	$10,725,355	$264,683	2%

Aggregate information identified in **Table A.3** below, reveals that overall contract year activity was as compliant as fiscal year activity, shown in **Table A.1,** in assuring that BFDI remains a going concern. In addition, the data in **Table A.3,** reveals that while BFDI experienced a **.15%** increase in actual revenues compared to what was budgeted, BFDI was also successful in achieving projected excess revenues over expenses of $75,554. In addition, BFDI strategically re-assigned 8 FTE's to new positions that were vacant in existing programs. The impact of this was that BFDI did not have to lay off any staff as program funding ended for Skillman, United Way Links to Literacy, United Way Parent ROAR, and Kellogg.

Table **A.3** also illustrates that during fiscal year 2016, BFDI had an average QA aggregate review score **69%**, which represents a **7%** decrease over last year (BFDI's average aggregate QA scoring standard in **80%**). This same aggregated data segmented by Funder, reveals that there are some areas of needed improvement in certain programs both fiscally and programmatically.
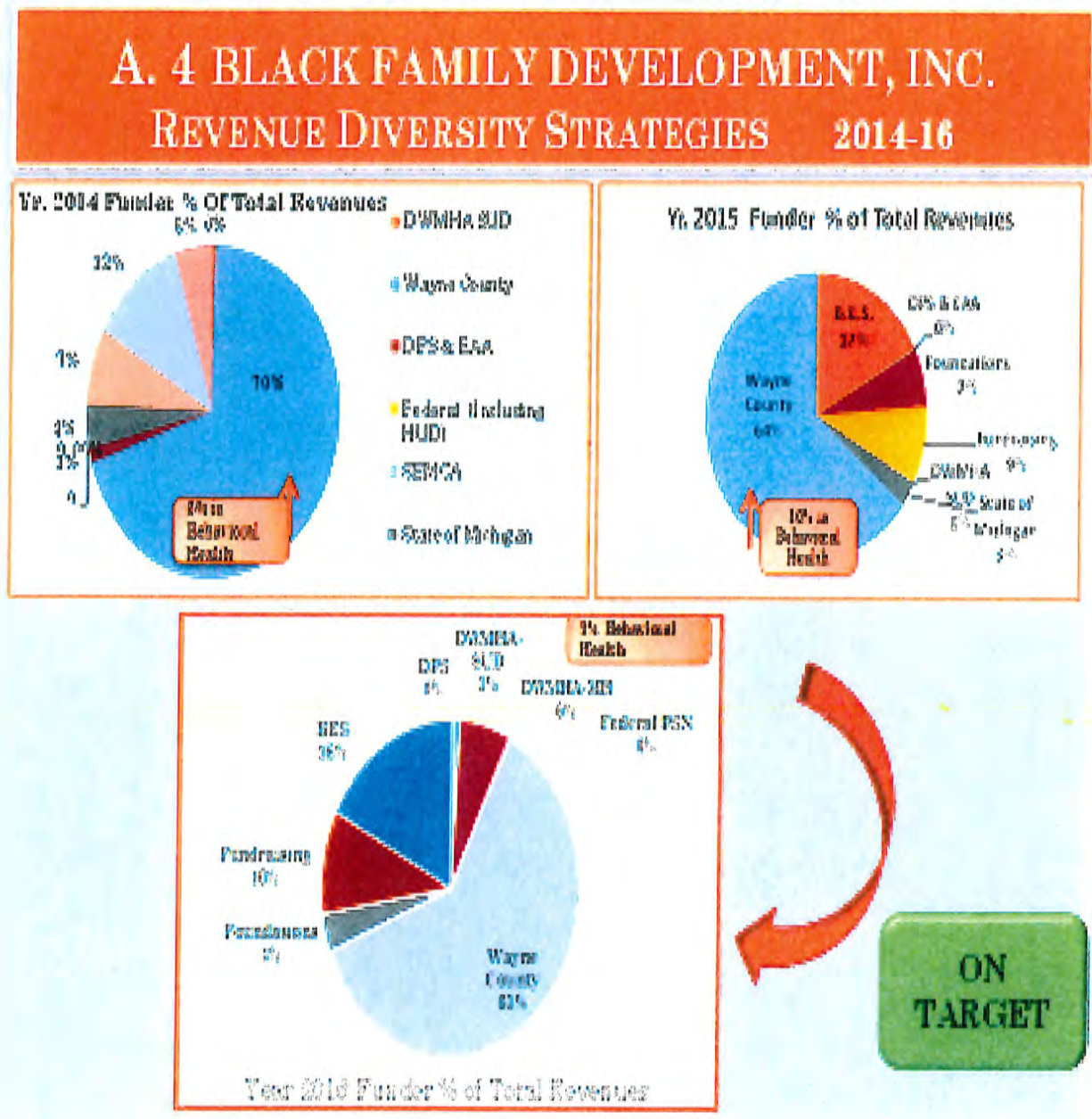
Outcomes Achieved (cont.)

A.3 BFDI FUNDER OUTCOMES DATA								
Funder Year 2016	Original Budget all Programs	Ending Revenues	Ending Expenditures	Projected Excess (Deficit)	YTD Units	YTD Unit Goals	Unit Variance	QA Score Average
DWMHA SUD	$ 209,000	$ 115,023	$ 180,865	$ (65,842)	1,762	1,813	-50.92	60%
DWMHA (Stages, Wraparound, PMTO, SOC, Team Wellness and Prevention)	$ 887,275	$ 1,151,214	$ 1,290,438	$(139,224)	2,937	2,263	673.31	56%
Skillman	$186,004	$ 186,004	$ 186,004	$ -	N/A	N/A		
IIRP	$ -	$ 27,740	$ 27,740	$ -	N/A	N/A		
Federal (PSN)	$ -	$ 9,337	$ 9,337	$ -	N/A	N/A		
United Way (Building Foundations, Family Preservation, Links to Literacy and PYD)	$ 286,434	$ 212,252	$ 212,252	$ -	154	141.2	12.84	89%
Kellogg	$ 53,653	$ 53,653	$ 53,653	$ -	N/A	N/A		
Kresge	$ 159,708	$ 191,035	$ 191,035	$ -	N/A	N/A		
Partner PN In-Kind	$1,250,000	$ 1,250,000	$ 1,250,000	$ -	N/A	N/A		
BFDI PN In - Kind	$ 416,650	$ 208,326	$ 208,326	$ -	N/A	N/A		
Positive Youth Development	$ 40,000	$ 40,000	$ 40,000	$ -	N/A	N/A		
Fundraising (Annual Dinner, Breakfast and Misc.)	$ 206,000	$ 349,854	$ 232,254	$ 117,600	N/A	N/A		
Wayne County (YAP, CMO)	$10,906,662	$ 10,833,433	$ 10,670,413	$ 163,020	64,914	80,154	-15,240	71%
BES	$ 3,003,980	$ 3,003,355	$ 3,003,355	$ -	N/A	N/A	N/A	
Totals	$17,605,366	$17,631,226	$17,555,672	$75,554	69,767	84,372	-14605	
Dollar Increase		$25,860						
% Increase		.15%						
Average Scoring								**69%**

For example, DWMHA Mental Health Programs had the greatest losses and an average QA scoring of 56% (down 6% from 2015) followed by the SUD Programs with losses and an average QA score of 60% (down 4% from 2015). Wayne County CMO and YAP programs which had the greatest revenue streams had the next highest QA score 71% (up 7% from 2015). What the data further shows is that QA scores are not linked to funding streams or units achieved. Overall the funded programs that best met all of the aggregated criteria are the United Way programs as they did not have a deficit, met 110% of their units, and had an average QA score of 89% (up from 84% in 2015).

Outcomes Achieved (cont.)

Revenue Diversity

Data in Chart **A.4** below indicates that BFDI is compliant in meeting its strategic plan goals to diversify its funding streams the **impact** of this chart is its ability to allow BFDI to project potential gaps in funding and plan for solutions.

Outcomes Achieved (cont.)

Paper Reduction

During fiscal year 2016, the accounting team continued to transfer contract data to PDF files that can be easily retrieved. During 2017, the CFO and accounting team will work with the IT Director and HR Manger to determine if larger capacity copiers are needed in order to handle the size of files generated from the PDF conversion process, thus far the PDF scanners on the copiers are sufficient.

Centralized Data Management

During fiscal year 2016 the CFO, IT Director completed the financing agreements to purchase the IT System hardware and software upgrades. The financing of these upgrades were approved for $675,000.00. Phase I of the upgrades-to purchase hardware has been completed. The anticipated completion date for the software development is 2018.

Health & Safety Overview and Outcomes Indicators:

During fiscal year 2016, BFDI continued to monitor health and safety trends in the form of incident reporting and risk assessments. These trends and assessments are identified in the following Tables and Charts **A.5 – A.6.7**. The **impact** of these charts is that they provide a summary of trends and patterns, frequency, and likelihood of an event, through incident reporting, types of incidents, incidents by programs, and risk assessment of high risk areas.

A.5. Incidents by Month
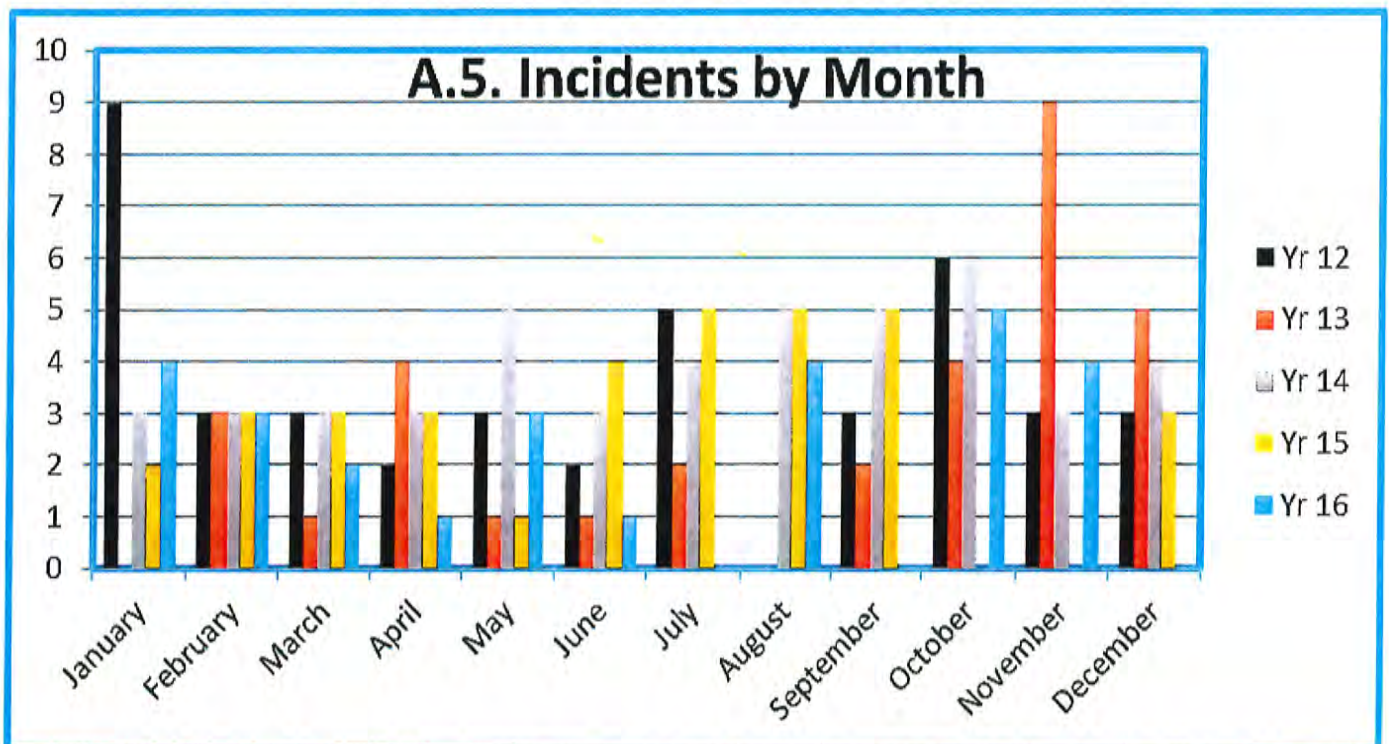
Outcomes Achieved (cont.)

Table A.5 above indicates that for two years (Yr 12, 13), August represented a Health and Safety, incident free month along with October and November in 2015 and September and December in 2016.

Data in Chart **A.5.1.**, Illustrates the number of incidents reported by Program.

A.5.1. Incidents by Program
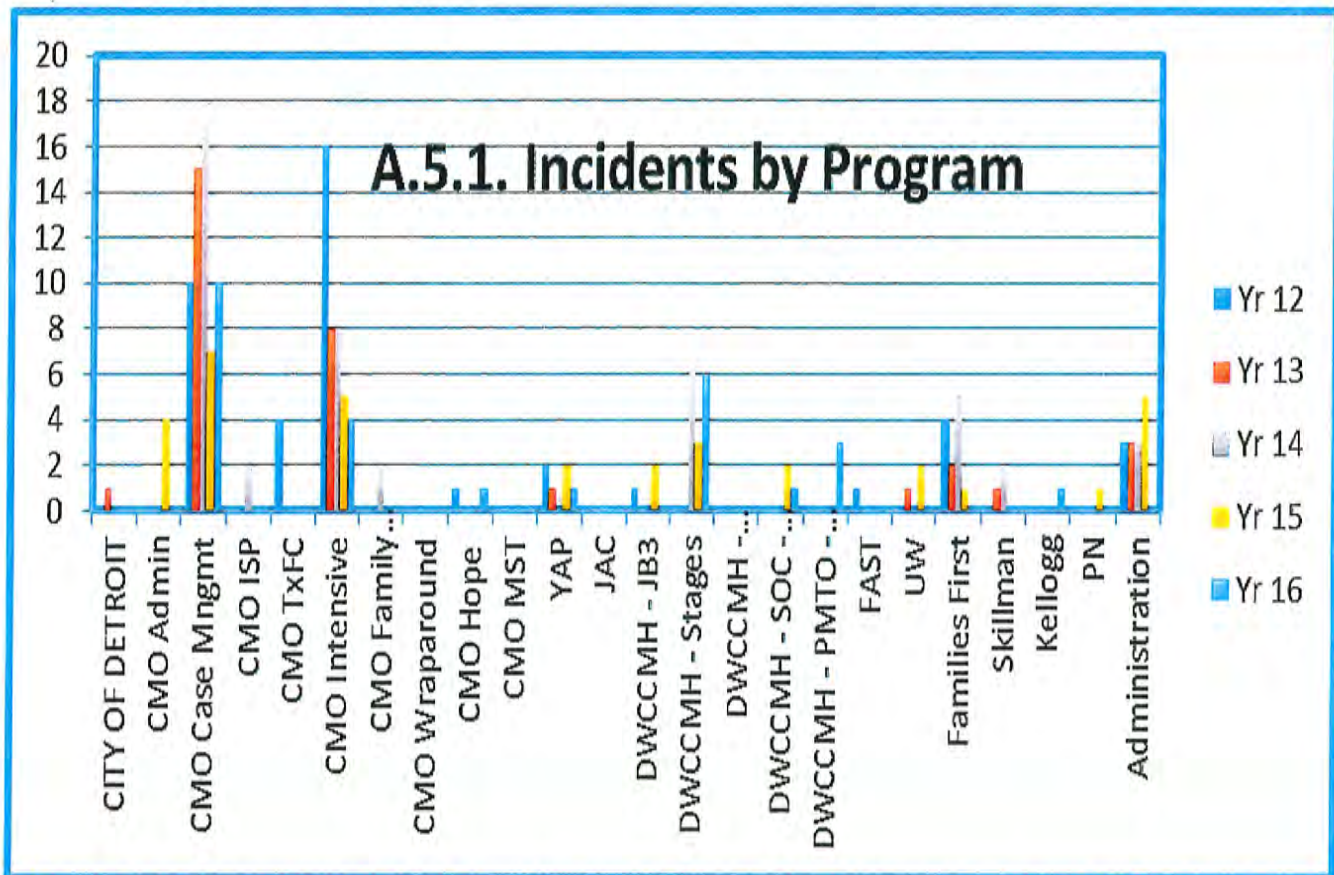
It should be noted that while the CMO programs report the most incidents, it also has the most consumers.

Data in the Chart **A.5.1** and **A.6**, also includes data on one of the most emergent staff concerns regarding rodents in the Conner Creek Office and two cases of identity theft. Resolution to the first incident involved staff relocation and much collaboration between BFDI staff, the landlord, and the health department. As the issue regarding the second incident was external to BFDI, resolution involved collaboration with the MESC office where the incident originated. **Table A.6** and the accompanying Chart **A.6.1** below reveals that there has been a -1% decrease in incident reporting from 2015, and there has been a -15% decrease in incident reporting when AWOL data is not included. *Note also this data does not include sentinel events*. The table also includes data on the increase in staff injuries and as a result will be added to the potential risk events that are tracked through the risk assessment analysis and additional H&S training for 2017.

Outcomes Achieved (cont.)

A.6. Types of Incidents	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16
1. Altercation/Firearm	0	2	0	0	0	0	1
2. Arrested	6	6	5	3	2	2	
3. AWOL	210	154	100	97	76	77	83
4. Car Accident	4	0	2	2	1	0	1
5. Inappropriate Sexual Conduct (Alleged)	2	1	2	1	0	2	3
6. Lost Tether Equipment	1	1	0	0	0	0	
7. Lost/Stolen Property	1	1	2	2	0	1	
8. Destruction of Property	0	0	2	2	4	1	3
9. Information Only	0	0	0	0	0	0	
10. Other Staff Concerns	19	9	12	5	19	10	4
11. Social Media	19	9	0	0	1	0	
12. Physical Abuse (Alleged)	2	2	2	3	2	3	1
13. Physical Altercation	6	2	3	2	3	4	3
14. Sexual Abuse (Alleged)	1	0	0	1	1	1	2
15. Suicide Threat/Attempt	5	2	4	1	3	4	
16. Staff Injury	0	0	6	2	5	3	5
17. Theft	0	0	0	0	0	0	1
18. Vehicle Theft/Carjacking	0	0	1	0	0	0	
19. Vehicle Vandalized/B&E	0	0	0	2	0	1	
20. Verbal Abuse (Alleged)	0	0	0	2	1	0	
21. Youth Threatening Behavior	4	1	0	3	4	0	1
22. Youth Medical Emergency	-	-	-	-	-	-	2
23. Youth Injury	3	3	1	1	1	2	
Total (Including AWOLS)	263	183	142	129	123	111	110
Previous Year Comparison %		-30%	-22%	-9%	-5%	-14%	-1%
Totals (Without AWOLS)	53	29	42	32	47	34	27
Previous Year Comparison %		-45%	45%	-24%	47%	6%	-15%

Outcomes Achieved (cont.)

A.6.1. Types of Incidents

Legend: Yr 10, Yr 11, Yr 12, Yr 13, Yr 14, Yr 15, Yr 16

Categories:
1. Altercation/Firearm
2. Arrested
3. AWOL
4. Car Accident
5. Inappropriate Sexual Conduct (Alleged)
6. Lost Tether Equipment
7. Lost/Stolen Property
8. Destruction of Property
9. Information Only
10. Other Staff Concerns
11. Social Media
12. Physical Abuse (Alleged)
13. Physical Altercation
14. Sexual Abuse (Alleged)
15. Suicide Threat/Attempt
16. Staff Injury
17. Theft
18. Vehicle Theft/Carjacking
19. Vehicle Vandalized/B&E
20. Verbal Abuse (Alleged)
21. Youth Threatening Behavior
22. Youth Medical Emergency
23. Youth Injury

Risk Management Overview and Outcomes Indicators

Risk Analysis

During fiscal year 2016 the CFO and H & S Manager conducted BFDI's annual review of risk exposure and insurance coverage compared to funder requirements. The impact of this assessment was the determination that BFDI needed to increase and or amend its equipment and property coverages for all sites. The three parts of the assessment include:

1. An analysis of the five major risk categories impacting BFDI as defined by BFDI's managers that are trended over three years.
2. An analysis of BFDI's insurance policies based on funder, state, and BFDI policy requirements, and AM Best ratings.
3. An analysis of contingency event scenario's compared to BFDI coverage.

Outcomes Achieved (cont.)

Risk Assessment

During fiscal year 2013, BFDI managers were provided a Risk Assessment Training. This training involved assessing BFDI's highest risk areas and monitoring those areas to determine their likelihood and **impact** based on the following scale as determined by COSO *(The Committee of Sponsoring Organizations of the Treadway Commission-See also BFDI's annual risk assessment binder).*

COSO - Risk Significance Rating For Likelihood and Impact:

Likelihood Scale	Definition
Frequent - 5	Up to once in 2 years
Likely - 4	Once in 2 years up to once in 25 years
Possible - 3	Once in 25 years up to once in 50 years
Unlikely - 2	Once in 50 years up to once in 100 years
Rare - 1	Once in 100 years

Impact Scale	Definition
Extreme - 5	Financial Loss of $ 12 Million or more.
Major - 4	Financial Loss of $ 3 - 12 Million or more.
Moderate - 3	Financial Loss of $ 750K-3 Million.
Minor - 2	Financial Loss of $ 250K – 750 K.
Incidental – 1	Financial Loss of $ 1-250 K.

During 2016, BFDI's risk management team continued to assess those **categories** and incidents monitored previously in 2015 and 2014, which are identified below:

1. Staff failure to attend court hearing.
2. Consumer death
3. Supervisor not documenting staff insubordination
4. Not reconciling bank statements
5. Slip & Fall due to lack of outside maintenance – no snow removal

Chart **A.6.2**. Illustrates how BFDI's Overall Risk Rating score and Average Risk Rating, is in line with effective Optimal Risk Taking, as determined by COSO *(The Committee of Sponsoring Organizations of the Treadway Commission).* If for example BFDI's risk rating fell in the *Insufficient Risk Taking* category, it would mean that BFDI is not adequately reporting its risk. Conversely if BFDI's risk rating fell in the *Excessive Risk Taking* category it would mean that BFDI has insufficient coverage for its risk exposure. The chart also reflects a reduction in BFDI's average rating. These ratings were reduced due to no incidents occurring in risk categories 1, 3, and 4 stated above.

BFDI's Optimal Risk Taking Assessment

2016 – RISK EVENTS

A.6.2. BFDI Risk Taking Score

COSO Excessive Risk Taking – Rating

COSO Optimal Risk Taking – Rating

BFDI Average Risk Rating

Insufficient Risk Taking

Optimal Risk Taking

Excessive Risk Taking

BFDI's Overall Risk Rating

BFDI's Average Risk Rating

BFDI Overall Risk Rating

COSO Insufficient Risk Taking – Rating
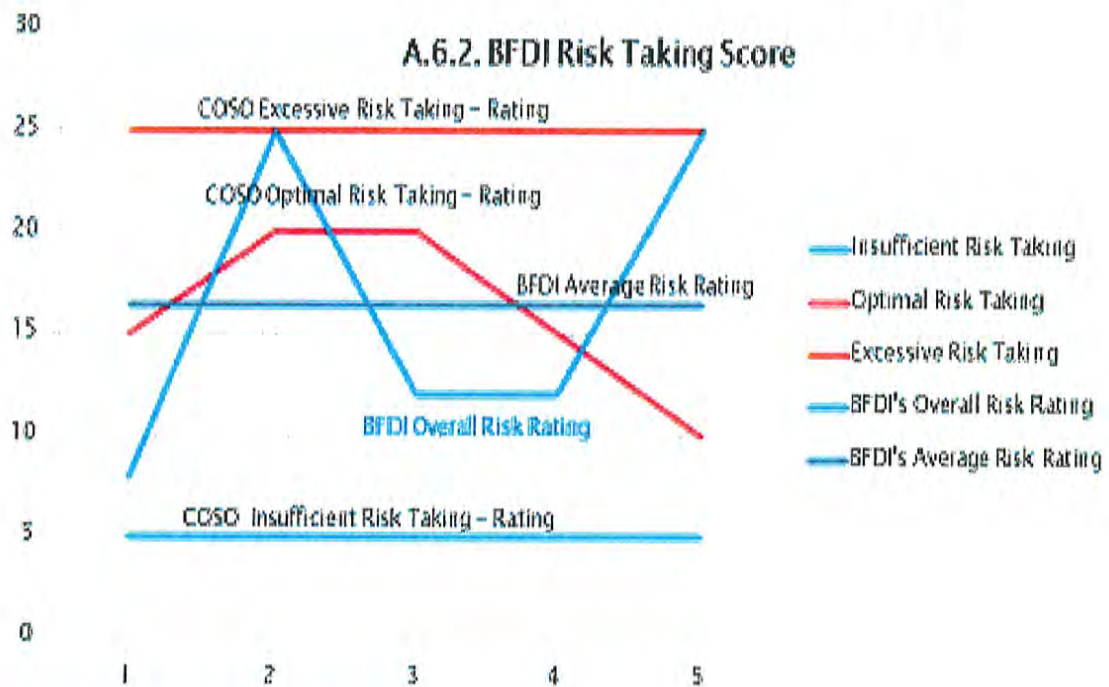
'Impact times likelihood

Risk Event	Insufficient Risk Taking	Optimal Risk Taking	Excessive Risk Taking	'BFDI's Overall Risk Rating	BFDI's Average Risk Rating
1	5	15	25	8	16.4
2	5	20	25	25	16.4
3	5	20	25	12	16.4
4	5	15	25	12	16.4
5	5	10	25	25	16.4

The table below shows how monitoring data for the five risk areas would be gathered.

Outcomes Achieved (cont.)

Risk	Chart Below	Risk Name	Data Resource
1	A.6.3	Staff failure to attend court hearing	Reprimands reported to HR, Incident and or Error Reports.
2	A.6.4	Consumer death	Sentinel Events Report.
3	A.6.5	Supervisor not documenting staff insubordination	Reprimands reported to HR, Incident and or Error Reports.
4	A.6.6	Not reconciling bank statements	Reprimands reported to HR, Incident and or Error Reports.
5	A.6.7	Slip & Fall due to lack of outside maintenance-not snow removal	Incident Report filed with H&S.

Note: In the charts below where "0" occurrences are reported, note that no reprimand regarding this risk was reported to HR and no Incident Report regarding this risk was filed with H&S.
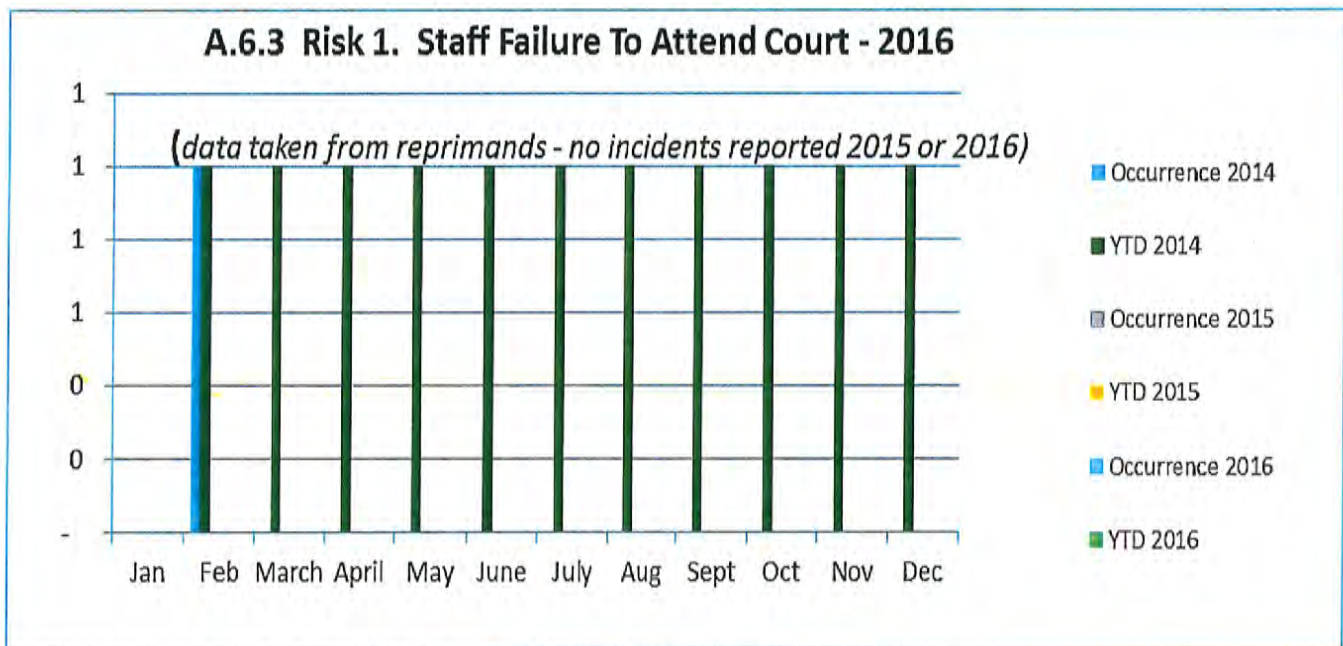
Chart **A.6.3** indicates that during 2016 or 2015 no reportable incident of staff failure to attend a court hearing was recorded, however in 2014 one incident was reported. The likelihood of this risk occurring as determined by COSO was therefore moved from frequent to likely and as such should continue to be monitored. Chart **A.6.3.1** illustrates the potential **impact** this risk has on health and safety, persons served, performance measurement, and human resources.

Outcomes Achieved (cont.)

A.6.3.1 RISK ASSESSMENT WORKSHEET – RISK EVENT 1. STAFF FAILURE TO ATTEND COURT HEARING						
CARF BEHAVIORIAL STANDARD	CARF STANDARD Risk Rating Impact	EVENT CATEGORY (Operational = Internal Financial = External)	POTENTIAL IMPACT ON BFDI	POTENTIAL IMPACT IN ANNUAL DOLLARS	CARF POLICY MANUAL SECTION	EXAMPLES OF BFDI CARF POLICIES, PROCEDURES, OR REPORTS THAT ADDRESS WAYS TO REDUCE RISK
Health & Safety	Incidental to Minor	Operational Financial	Increased LOS for consumer.	$50,000 – $102,000	1. H.	Health & Safety. Consumer Safety.
Human Resources	Incidental to Minor	Operational Financial	Non–Compliance of Job Description. Staff Reprimand.	$50,000 – $100,000	1. I.	Job Description. Code of Ethics. Written Reprimand
Rights of Person Served	Incidental to Minor	Operational Financial	Increased LOS for consumer. Reduction in services. Removal of consumer to another CMO. Law Suit.	$50,000 – $102,000	1. K.	Recipients Rights BFDI Know Your Rights Master Service Plan Consumers Grievance
Accessibility	Incidental to Minor	Operational Financial	Increased LOS for consumer. Removal of consumer to another CMO.	$50,000 – $102,000	1. L.	Accessibility Policy & Plan
Performance Measurement /Management	Moderate to Major	Operational	Consumer Satisfaction. Increased LOS for consumer. Reduction in contract Staff Performance	$750,000 – $3,000,000	1. M.	Performance Measurement Plan Strategic Plan Risk Assessment Consumer Surveys Quality Assurance Plan Funders Contract Report Card Financial Trends & Patterns Health & Safety Trends HR Trends Outcomes Management
Performance Improvement	Moderate to Major	Operational Financial	Loss or reduction in contract. Non–Compliance of Funder Contract; BFDI Mission, Code of Ethics, Job Description, Programming, and Quality Assurance.	$750,000 – $3,000,000	1. N.	Management Reports Strategic Plan Outcomes Management Financial Trends & Patterns Technology plan Risk Assessment QA Reports Master Service Plan Health & Safety Reports

Outcomes Achieved (cont.)

RISK 2. CONSUMER DEATH
FREQUENCY OF EVENT OCCURING WITHIN THE LAST YEAR
BEGINNING JANUARY 2016

A.6.4. Consumer Death

2016 1 Incident reported
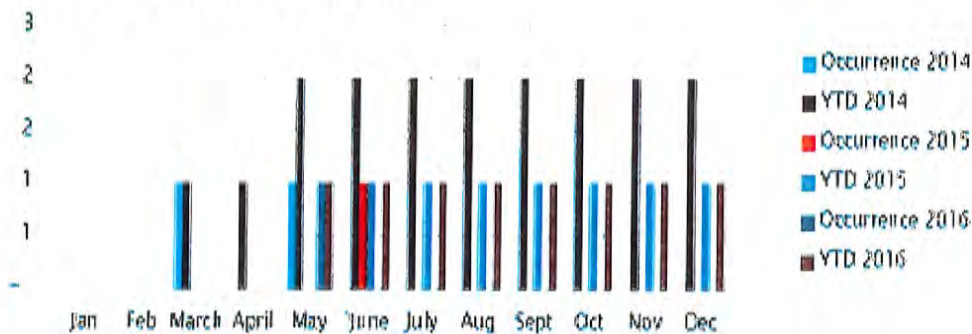
Chart **A.6.4.** Illustrates that during 2016 one reportable incident of a consumer death was recorded and in 2015 one reportable incident and in 2014 two reportable incidents of consumer death were recorded. It should also be noted that the QA Sentinel Event Summary as reported by the QA director indicated that there was no inherent risk management issue for BFDI related to either of the incidents. Since, the likelihood of this risk occurring as determined by COSO is, frequent, BFDI should continue to monitor it.

Outcomes Achieved (cont.)

RISK 3. SUPERVISOR NOT DOCUMENTING STAFF INSUBORDINATION FREQUENCY OF EVENT OCCURING WITHIN THE LAST YEAR BEGINNING JANUARY 2016

A.6.5. Supervisor Not Documenting Staff Insubordination
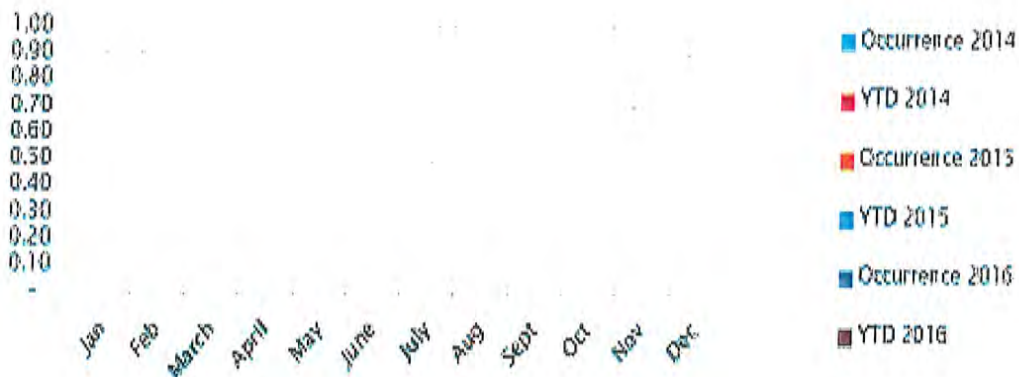
2016 No incidents reported

Chart **A.6.5.** Illustrates no reportable incidents of Supervisors not reporting staff insubordination occurred during 2016, 2015 or 2014. Since, the likelihood of this risk occurring as determined by COSO is rare, BFDI does not need to continue to monitor it as a high risk area but has reduced its rating to likely and moderate, and will determine whether or not it should continue to be monitored in 2017.

Outcomes Achieved (cont.)

Chart **A.6.6.** Illustrates no reportable incidents of not reconciling bank statements occurred during 2016, 2015 or 2014. Since, the likelihood of this risk occurring as determined by COSO is rare, BFDI Ha reduced its likelihood to possible and will determine if it should be monitored in 2017.

RISK 4. NOT RECONCILING BANK STATEMENTS MONTHLY FREQUENCY OF EVENT OCCURING WITHIN THE LAST YEAR BEGINNING JANUARY 2016

A.6.6. Not Reconciling Bank Statements

1.00	■ Occurrence 2014
0.90	
0.80	■ YTD 2014
0.70	
0.60	
0.50	■ Occurrence 2015
0.40	
0.30	■ YTD 2015
0.20	
0.10	
-	■ Occurrence 2016

Jan Feb March April May June July Aug Sept Oct Nov Dec   ■ YTD 2016

2016 No incidents reported

Outcomes Achieved (cont.)

RISK 5. SLIP & FALL DUE TO LACK OF OUTSIDE MAINTENANCE NO SNOW REMOVAL FREQUENCY OF EVENT OCCURING WITHIN THE LAST YEAR BEGINNING JANUARY 2016

A.6.7. Slip & Fall Due to Lack of Outside Maintenance – No Snow Removal
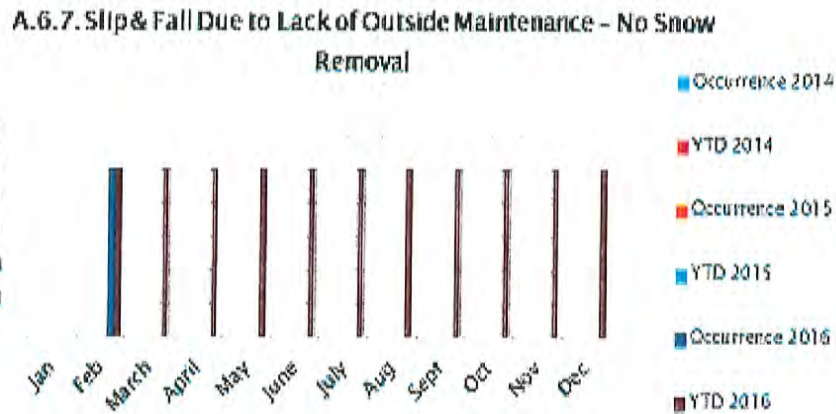
2016 1 Incident reported

Chart **A.6.7.** Indicates one reportable incident of a slip and fall due to lack of outside maintenance – no snow removal occurred during 2016 and none for 2015 or 2014. Since, the likelihood of this risk occurring as determined by COSO is now frequent, BFDI has increased its likelihood to frequent from moderate and will continue to monitor it. *It should be noted that there were several incidents of slips and falls and employee injuries reported that were not due to - no snow removal (Chart **A.6.** above).*

Outcomes Achieved (cont.)

The table below illustrates BFDI's current insurance carrier's ratings with AM Best rates. This review is completed in conjunction with BFDI's contingency plan scenario's to assure that BFDI has sufficient coverage. It should be noted that as of June 2016 AIG has moved to an **A rating** from a BBBu rating in 2015, where they were under analysis to assure that they maintained sufficient reserves. It should also be noted BCBS has a negative outlook effective September 22, 2016 and will need to be monitored every three months for updates to assure that there is no risk to BFDI in receiving services.

AM BEST 2016 INSURANCE CARRIER RATING

Carrier	Insurance Type	Funder Limits Required	State Required	BFDI Policy Limits	Policy Term	Best's Rating	Best's Rating Outlook	Best's Rating Financial Size
Berkshire Hathaway	Auto	$1,000,000	$20,000/$40,000/$10000	$1,000,000/2,000,000 aggregate $3,000,000	1/17-1/18	A++	Stable	>2Billion
Berkshire Hathaway	Non-Owned Auto - Staff	$100000/$300000	$20,000/$40,000/$10000	$1,000,000/2,000,000 aggregate $3,000,000	1/17-1/18	A++	Stable	>2Billion
Berkshire Hathaway	General (incl, EDI, Fiduciary)	$1,000,000/$2,000,000	$500,000.00	$1,000,000/3,000,000 (aggregate) 5,000,000 (umbrella $2,000,000)	1/17-1/18	A++	Stable	>2Billion
Berkshire Hathaway	Prof Liability	$1,000,000/$2,000,000	$500,000.00	$1,000,000/3,000,000 (aggregate) 5,000,000 (umbrella $2,000,000)	1/17-1/18	A++	Stable	>2Billion
Berkshire Hathaway	Abuse Molestation	$1,000,000/$2,000,000	$500,000.00	$1,000,000/1,000,000 (aggregate $2,000,000)	1/17-1/18	A++	Stable	>2Billion
Berkshire Hathaway	Employee Benefits	No Required Amt	No Required Amt	$1,000,000/1,000,000 (aggregate $2,000,000)	1/17-1/18	A++	Stable	>2Billion
A.I.G.	Directors & Officers and Employment Practices	$1,000,000/$2,000,000	$500,000.00	$2,000,000/$2,000,000 (aggregate $4,000,000)	1/17-1/18	A	Stable	>2Billion
Hartford Bond	ERISA Fidelity Bond	$ 50,000	No Required Amt	$ 195,000	1/17-1/18	A + #2230	Stable	>2Billion
Evanston	Outbreak		No Required Amt	$ 50,000	1/17-1/18	A + #3759	Stable	>2Billion
Human Services Association - Midwest Employers Casualty	Workers Compensation (Statutory requirement based on salaries charged to program)	$ 500,000.00	$ 186,120	$1,000,000/$5,000,000	1/17-1/18	A+ #00739	Stable	>2Billion
501 Alliance	Unemployment	3.5% up to $9500	3.5% up to $9500	3.5% up to $9500	1/17-1/18			
BCBS	Health Insurance	Per Agency Policy	No Required Amt	Self Insured - Standard Co-Pays and Deductibles	1/17-1/18	A- #060081	Negative	>2Billion
Sun Life	Life & AD&D	Per Agency Policy	No Required Amt	1 X Annual Sal up to 2 X Ann Sal - Disability up to 67% of Salary	1/17-1/18	A+ #007101	Stable	>2Billion

Outcomes Achieved (cont.)

Human Resources Management Overview and Outcomes Indicators:

Table A.7 reveals that while BFDI experienced a 1% decrease in staffing, BFDI also transferred 8 FTE's that may have been laid off to fill positions in other departments

Table A.7 Human Resources Trends										
Year:	Yr. 2012	% of 12/31	Yr. 13	% of 12/31	Yr. 14	% of 12/31	Yr. 15	% of 12/31	Yr. 16	% of 12/31
Active January 1	80		95		89		127		118	
*Terminated	-6	-6%	-3	-3%	-16	-13%	-2	-2%	-1	-1%
¹Lay Off	-2	-2%	-16	-18%	-1	-1%	-18	-15%	-14	-12%
²Resigned	-11	-12%	-10	-11%	-19	-15%	-20	-17%	-12	-10%
³New Hires	34	36%	23	26%	74	58%	31	26%	26	22%
Active 12/31	95		89		127		118		117	
% Increase Previous Year	19%		6%		43%		-7%		-1%	
Staff Transfers to Other Departments	7		10		4		13		8	
*BFDI Terminated	-6		-3		-4		-1		0	
¹BFDI Layoffs (Includes Summer Youth)	-2		-3		-1		-11		-12	
²BFDI Resigned	-11		-10		-11		-10		-9	
³BFDI New Hires (Includes Summer Youth)	18		21		13		19		21	
*BES Terminated					-12		-1		-1	
¹BES Layoffs			-13		0		-7		-2	
²BES Resigned					-8		-10		-3	
³BES New Hires	16		2		61		12		5	

Outcomes Achieved (cont.)

Audits – Listed below are the results of the audits related to the Finance, HR Departments and drills related to the H&S Department.

BFDI Fiscal Audits

Month in 2016:	Program	Compliance Standard %	Actual %	Variance %
March	LISC - HUD	100%	100%	0%
March	W/C	100%	100%	0%
May	BFDI ANNUAL FISCAL AUDIT	100%	100%	0%
Average:		100%	100%	0%

BFDI HR Audits

Month in 2016:	Funder	Compliance Standard %	Actual %	Variance %
February	Carelink	100%	100%	0%
April	Wayne County Mental Health Authority	100%	100%	0%
August	Health & Veterans Community Wellness	100%	100%	0%
September	Wayne County Mental Health Authority	100%	100%	0%
September	United Way	100%	100%	0%
December	Health & Veterans Community Wellness	100%	100%	0%
Average:		100%	100%	0%

BFDI H&S Drills

Month in 2016:	Site	Compliance Standard %	Actual %	Variance %
January	Main	100%	100%	0%
February	CMO	100%	100%	0%
March		100%		
April		100%		
May	Main & CMO	100%	100%	0%
June		100%		
July		100%		
August	Main & CMO	100%	100%	0%
September		100%		
October	CMO	100%	100%	0%
November		100%		
December	Main	100%	100%	0%
Average:		100%	1	0%

IV. Outcomes Not Achieved

2015 Specific Area of Needed Improvement	2015 Goal	Completed By and Date Completed
I a.4. **Centralized data management**	Review vendors and leasing companies for data management software and hardware.	While the review of vendor selection for data software and hardware was initiated, and the hardware was purchased, the software selection, will not be completed until 2017-18.

V. 2016 Annual Report Lessons Learned

Financial Management – Cost Containment – During fiscal year 2016, BFDI experienced several challenges in maintaining its budgeted LOS days of care for the CMO program while at the same time over-utilizing higher cost PPN-OHC facilities. **Lessons learned** included the need to utilize more frequently Lincoln beds, as well as working with PPN providers to assure that BFDI accessed the most competitive cost facilities, while assuring that consumer needs were met.

Equipment Financing - During fiscal year 2015, BFDI contracted with Regents Capital to provide equipment financing for its long-term technology needs. **Lessons Learned** from this experience is the amount of time needed to fully address and design and effective EMR Database (Electronic Medical Record) the meets the needs of the agency. The impact of this is the system is now projected to be completed by 2018.

Facility Management – During fiscal year 2016, BFDI staff in the Conner Creek location filed several incident reports of seeing rodents in the work area. The **lesson learned** from this experience was that staff needed to be trained on removing food from their work areas, and the landlord and health department needed to respond to the complaint in a timely manner. The impact of this incident is that staff were relocated to a new site. During 2016 the Kresge gardening equipment needed to be moved to a different location. **Lessons learned** from this experience was that the new location is closer to the community served and as such the equipment can be distributed more effectively.

Human Resources – During fiscal year 2016, BFDI an increase in the number of funder audits related to staff credentialing and training. **Lessons learned** from this experience include the

need to recruit an HR Assistant for the HR Director to help maintain and manage the work load within the Human Resource Department.

During fiscal year 2016, an excess number of person hours were used during CARF preparation to identify and collect personnel evaluations and training documentation required by CARF for staff personnel files. **Lesson Learned** – The need to develop a tickler file to track when training and evaluation documentation is needed.

During fiscal year 2016, an assessment of the Agency's compensation scale and retirement plan was conducted. The scale assessments used were the 2016 Guidestar Compensation Survey, and Payscale.com. **Lesson Learned** – The compensation packages for the executive staff were considerably lower than industry norm by 35 – 40%. In addition, direct service staff salaries were at 90%, on par or greater than 100% of the scale.

Health and Safety – During 2016 an increase in the number of staff injuries were noted on the incident reports. **Lesson Learned** – H&S committee will need to provide additional training for staff on avoiding slip and fall accidents. During 2016 staff reported 2 incidents of identity theft. **Lessons learned**-As the reason for these incidents were external to BFDI an investigation was completed to assure that staff data is secure, and that staff were notified of proper precautions to take. Beginning 2017, these incidents will be added to the risk assessment.

Risk Management – While conducting the annual risk assessment analysis for 2016, BFDI's CFO noted that one of the Insurance Carriers-BCBS received a negative rating from AM Best insurance raters. This rating will stay in effect for six months until or the next review by AM Best in June 2017. The **lesson learned** from this was the need to conduct quarterly reviews as the semi-annual reviews revealed the data three months after the rating. In addition to this lesson learned, BFDI's lessons learned from its annual assessment of incident risk is identified in the table below.

2016 Risk Assessment Lessons Learned

Risk Identified	Overall Projected Risk Rating (Likelihood X Impact = rating)	Lessons Learned Thus Far – For 2016 – Risk 1, 3 and 4, ratings were reduced due to no occurrence.
For all identified risk		A Mitigation timeline flowchart needed to be developed and reviewed to provide a snapshot of the time needed to mitigate risk from the incident report to reporting out at the board level.
1. Staff failure to attend court hearing.	8	Since no incidents of this risk have occurred for both 2015, or 16, the risk will be moved to the minor likelihood category.
2. Consumer death.	25	While BFDI experienced 4 Consumer deaths since this assessment began in October 2013, it has been determined that BFDI has exercised due diligence in reporting and mitigating the events.
3. Supervisor not reporting staff insubordination.	12	Since no incidents of this risk has been reported BFDI may need to choose another HR related event to track.
4. Not reconciling bank statements.	12	Since bank reconciliations were completed monthly, and on time, BFDI may need to choose another fiscal related event to track and change the likelihood from likely to possible.
5. Slip & Fall due to lack of maintenance – no snow removal.	25	Since there was 1 report of a slip and fall that occurred due to lack of maintenance involving no snow removal, BFDI may need to change the risk assessment in 2017 to include all slip and falls and change the likelihood from likely to frequent.

VI. Areas of Needed Improvements 2017

a. Financial Management
   1. Cost Containment
   2. Revenue Diversity
   3. Paper Reduction
   4. Centralized Data Management
   5. Training on OMB Super Circular Updates
   6. CARF Updates
b. Health and Safety
   1. Update CARF Manual
   2. Provide Training on CARF Updates
c. Human Resources Management
   1. Recruit for open positions
   2. Training on HR Laws and Health Care Reform
   3. Update CARF Manual
   4. Implement Agency Retirement Plan
d. Risk Management
   1. Risk Assessment
   2. Risk Analysis

VII. Goals Established 2017

2017 Specific Area of Needed Improvement		2017 Goals
V. a. Financial Management	V. a.1. Cost Containment	The CFO, COO and UR Manager will continue to monitor UR and MIS data tracking systems to assure that staff to consumer ratios and LOS protocols are maintained. The CFO will continue to monitor program budgets monthly and quarterly to assure that they are compliant with BFDI operating procedures.
	V. a.2. Revenue Diversity	The CFO will work in collaboration with the CEO, COO, to continue to increase the diversity of the Agency's funding streams.
	V. a.3 Paper Reduction	The CFO will continue to work in collaboration with the IT Director to determine a methodology for scanning all fiscal documents by 2017.
	V. a.4. Centralized Data Management	The CFO will work in collaboration with the COO and IT Director, to get quotes on the software implementation phase of BFDI's centralized data management.
	V.a.5 Training on OMB Super Circular Changes	The CFO will attend the second set of seminars on the sweeping changes to the OMB Circulars and their impact on BFDI policy and procedure.

	V.a.6 Policy Updates	The CFO will update BFDI policy and procedure based on the OMB Circular changes and train accounting staff accordingly.
V. b. Health and Safety	V. b.1 Update CARF Manual	The CFO will work in collaboration with the H&S Director to update CARF policies.
	V. b. 2 Provide Training on CARF Updates	The CFO will work in collaboration with the H&S Director to continue to get training from The Department of Homeland Security on new evacuation methods. H&S Director will provide increased training for staff and consumers on new evacuation methods and other safety policies as updated for CARF.
V. c. Human Resources Management	V. c.1 Recruit for Open Positions	The CFO will work in collaboration with the CEO, COO and HR Manager to recruit and hire staff as budgeted.
	V. c.2 Training in HR Laws and Health Care Reform	The CFO will work in collaboration with the HR Manager to receive training on HR Law and Health Care Reform's impact on BFDI.
	V. c.3 Update CARF Policies	The CFO will work in collaboration with the HR Manager to update CARF policies.
V. d. Risk Management	V. d.1. - 2. Risk Assessment & Analysis	The CFO will work in collaboration with the Compliance Officer and HR Manager, to complete the annual risk assessment of insurances and high risk incidents reported to determine their likelihood and frequency and impact of recurrence.

Environmental Scan of Competitive Service Arena

Black Family Development, Inc. continues to assess its internal and external environment to ensure that the organization remains a going concern, and has a competitive edge within its competitive environment. BFDI utilizes the annual report developed by Wayne County Juvenile Justice Services to determine its performance ranking with its other Juvenile Justice competitors. BFDI utilizes a dashboard and realizes that many other dashboards are utilized to benchmark the agency's performance against other "competitors" (states, counties, etc.) to compare relative rankings. Efficiency and effectiveness of the system of care and Alignment of each youth's risks and needs with the least restrictive intervention necessary to achieve positive safety and treatment outcomes

Behavior Health Care
It is well established that the needs of delinquent children often cut across agencies, categorical programs, mandatory programs, services, roles and responsibilities. Many youth entering the juvenile justice system are diagnosed with substance abusing behavior and Seriously Emotional Disturbance (SEO). Addressing the needs of these clients requires formal partnerships and a commitment to connecting parts of agencies, services and programs that are not traditionally aligned.

The Mental Health Authority (DWMHA) has designated the JAC as the access point for justice involved-youth diagnosed with a Serious Emotional Disturbance (SEO) or Developmental Disability (DD). Justice-involved-youth with SEO/DD are referred to an agency in the CMH network for home-based and outpatient mental health treatment. Case management responsibility remains with the Care Management Organization (CMO). The CMH provider and CMO agency are then responsible for coordination of ongoing clinical services to resolve the specific diagnosis and treatment needs of the juvenile. The blending of behavioral health and juvenile justice services increases the probability of successful home-based treatment.

The table below documents the high incidence of serious mental health issues with justice-involved-youth:

Juveniles Designated as Seriously Emotionally Disturbed - Authorized by CMH Authority for Community-Based Mental Health Services				
Agency	Total Youth Referred FY 2016	Total Youth Referred FY 2015	Total Youth Referred FY 2014	Total Youth Referred FY 2012
Total New Intake	428	726	747	1,092

FY 2016 SED Enrolled Juvenile Justice and Non-Ward* Youth			
CMO	Males	Females	Total Youth Enrolled
BFDI	29	12	41
BWY	65	33	98
CCMO	22	11	33
JAC*	64	57	121
SV	43	17	60
WW	48	27	75
TOTAL	271	157	428

Targeted Case Management

Integrated Community Based Services Report Period: FY 2016						
Action	BFDI	BWY	CCMO	SV	WW	Total
New Cases Year to Date*	80	126	67	100	154	527
Total Active Cases as of 9/30/16	155	177	116	135	164	747
ICBS Reviews	79	203	82	13	49	426
Treatment Team Meetings	2	15	6	2	6	31
Residential Reintegration Meetings	3	15	22	4	2	46
Other Case Conferences with CMO and CMH Partners	3	76	236	62	124	501
Total Case Conferences/Meetings	8	106	264	68	132	578
ICBS Care Coordination Plans Completed	5	30	28	6	8	77
In addition to the 77 Completed ICBS Care Coordination Plans, **184 ICBS Care Coordination Plans** were Drafted in preparation for participation in Treatment Team Meetings and/or Re-Integration Meetings.	3	111	59	7	4	184

Involvement in the DHHS Child Welfare System

The connection between involvement in the child welfare system and the heightened risk of "crossing over" to the juvenile justice system has been well established. The table below presents the relationship between a previous child welfare out-of-home placement and subsequent placement in a juvenile justice facility.

Probation Level I Juveniles Previously Placed in DHHS Out of Home Care for Abuse/Neglect Sorted By CMO															
	% Female Assigned					% Male Assigned					% of CMO Assigned				
CMO	FY 12	FY 13	FY 14	FY 15	FY 16	FY 12	FY 13	FY 14	FY 15	FY 16	FY 12	FY 13	FY 14	FY 15	FY 16
BFDI	9.5	13	18.8	33	36	23	27	13.2	13	18.7	18	25	14.8	18.9	24
BWY	25	14	23.8	23	12.5	11	18	20.9	15.4	23.4	15	17	3.1	17.6	19.7
CCMO	36	28	15.4	0	25	15	24	7.3	21	26.7	23	25	9.3	16.6	26
SV	11	48	12.5	18.8	27.2	33	17	20	10	8.6	26	26	18.2	18	21
WW / GW	10	25	16.7	25	0	7.4	11	13.1	17.7	15.5	8	15	13.9	14	10.28
% of all Probation Level I Youth	19.4	27	17.9	23	14	16.4	19	15	14.4	11.8	17	21	15.8	16.7	16.6

CMO	% Female Assigned					% Male Assigned					% of CMO Assigned				
	FY12	FY 13	FY 14	FY 15	FY16	FY 12	FY 13	FY 14	FY 15	FY 16	FY12	FY 13	FY14	FY 15	FY 16
Black Family Development	32.2	39	20	36.4	28.6	30.3	33	22.2	19	17	30.8	34	20	21.6	20
Bridgeway Services	7.0	35	46.7	20	18.5	14.6	26	14.9	17	26	12.7	28	22.2	17.7	23.6
Central Care Management	37.8	30	27.3	41.6	11	24.0	27	27.9	23	19.2	27.6	28	27.8	26.6	18
Starr Vista	34.7	29	41.7	35.3	33	27.7	19	22.5	23.4	25.4	29.0	21	25	26	27
Growth Works	56.5	23	45	39.3	43.5	14.3	18	20	16.6	25.8	22.3	19	26.3	26	30.6
% of all Probation Level II Youth	33.1	31	38.2	33.3	31.8	22.2	25	21.3	19.6	23.2	24.7	26	24.1	22.7	24.5

Cross Over Youth Practice Model Status 2016

The next focus as data results from the coordinated planning will be for JJ youth that have been involved in DHHS Foster Care prior to juvenile adjudication to have shared planning and seek ways to prevent youth from crossing over from foster care to juvenile justice.

Active Dual Wards 2016

CMO Active Dual Wards 2106'	Female	Male	Total
Black Family Development	0	1	1
Bridgeway Services	3	6	9
Central Care Management Organization	1		1
Starr/Vista	3	6	9
Western Wayne CMO (Growthworks)	2	4	6
Grand Total	9	17	26

Data for Cocaine

Population AFS Screened	Negative for Cocaine	Positive for Cocaine	Unduplicated Positive Cocaine	% Screened Positive for Cocaine
DHHS Adults at Court	543	57	52	14.29%
BFDI CMO	1135	0	0	0%
BWY CMO	1485	5	5	2.30%
CCMO CMO	125	0	0	0%
SV CMO	901	2	2	1.18%
WW CMO	1384	1	1	0.42%
Court (Pre-Disp./At-Risk)	2237	3	3	0.34%
STAND Drug Court	1108	2	2	0%
Right Trac (Formally Diversion)	644	0	0	0%
WCJDF	1534	15	14	1.14%
Court CMO Screens	896	0	0	0%
Turn Around	8	0	0	0%
Total	**12,000**	**85**	**79**	**1.82%**

Data for Amphetamines
(Please note positive could be due to prescribed medication and/or illicit drug abuse)

Population AFS Screened	Negative for Amphetamines	Positive for Amphetamines	Unduplicated Positive Amphetamines	% Screened Positive for Amphetamines
DHHS Adults at Court	581	19	15	4.12%
BFDI CMO	1131	4	4	2.04%
BWY CMO	1378	112	25	11.52%
CCMO CMO	119	6	2	4.88%
SV CMO	860	43	13	7.65%
WW CMO	1310	75	26	10.92%
Court (Pre-Disp./At-Risk)	2174	66	36	4.12%
STAND Drug Court	1048	62	7	9.46%
Right Trac (Formally Diversion)	631	13	12	2.04%
WCJDF	1512	37	33	2.69%
Court CMO Screens	974	22	15	5.66%
Turn Around	8	0	0	0%
Total	**11,626**	**459**	**188**	**4.32%**

Data for Ethyl Glucuronide (ETG-Urine Alcohol)

Population AFS Screened	Negative for ETG	Positive for ETG	Unduplicated Positive ETG	% Screened Positive for ETG
DHHS Adults at Court	581	19	17	4.67%
BFDI CMO	1088	47	33	16.84%
BWY CMO	1436	54	31	14.29%
CCMO CMO	119	6	3	7.32%
SV CMO	871	32	16	9.41%
WW CMO	1350	35	29	12.18%
Court (Pre-Dis/At-Risk)	2192	49	44	5.03%
STAND Drug Court	1071	39	23	31.08%
Right TRAC (Formally Diversion)	634	10	10	1.70%
WCJDF	1524	25	23	1.88%
Court CMO Screens	860	36	29	10.94%
Turn Around	8	0	0	0%
Total	**11,733**	**352**	**258**	**8.93%**

Alcohol/Breathalyzer

Population AFS Screened	Negative for Breathalyzers	Positive for Breathalyzers	Unduplicated Positive Breathalyzers	% Screened Positive for Breathalyzers
DHHS Adults at Court	587	13	12	3.30%
BFDI CMO	1135	0	0	0%
BWY CMO	1490	0	0	0%
CCMO CMO	125	0	0	0%
SV CMO	903	0	0	0%
WW CMO	1385	0	0	0%
Court (Pre-Dis/At-Risk)	2240	0	0	0%
STAND Drug Court	1110	0	0	0%
Right TRAC (Formally Diversion)	644	0	0	0%
WCJDF	1549	0	0	0%
Court CMO Screens	896	0	0	0%
Turn Around	8	0	0	0%
Total	**12,072**	**13**	**12**	**0.28%**

Adjudicated Juveniles
Statistical Data Trends and Outcomes

The Circuit Court places juveniles on probation and refers them to the JAC for assessment and assignment to a CMO for ongoing supervision and services. The Court orders the level of probation, as follows:

• Probation 1: Home-Based supervision

• Probation 2: Residential placement

Upon completion of residential placement, the Court changes the level of Probation back to Leve 1 (community supervision).

In FY 2016, 657 new cases were assigned to CMOs, compared to 671 in FY 2015.

Juveniles Assigned to CMOs for 2016		
CMO	New Level II Probation Cases (formerly Committed)	New Level I Probation Cases
Black Family Development	55	47
Bridgeway	89	72
Central Care Management	61	29
Starr Vista	78	33
Western Wayne	85	108
Total	368	289*

CMO Cost Information

CMO Expenditures and Average Daily Costs by Level of Care				
Agency	Total Expenses	Community Based	Residential	Average Daily Cost
Black Family Development	$11,504,360	$103.57	$308.02	$207.23
Bridgeway	$12,158,893	$108.13	$261.00	$194.00
CCMO	$8,999,705	$128.95	$260.80	$262.06
StarrVista	$8,296,293	$107.10	$275.32	$209.64
Western Wayne	$10,314,341	$114.96	$183.00	$154.00
Agency Average	$51,273,592	$111.77	$249.67	$187.25

Juveniles with Felony Convictions Post CMO Termination

Recidivism is defined as conviction for a felony offense within the two-year measurement period. The CMO recidivism rate in FY 2016 was 10.6%. Recidivism is measured for adjudicated juveniles that received treatment in a residential facility. Juveniles are tracked for two consecutive years after official case termination by the court.

Agency	Post-Termination Felony Conviction Measured Two-Years Post Ward-Ship Termination Juvenile on Level 2 Probation			
	FY 2014 Cohort with Felony Convictions Thru FY 2016	FY 2013 Cohort with Felony Convictions Thru FY 2015	FY 2012 Cohort with Felony Convictions Thru FY 2014	FY 2011 Cohort with Felony Convictions Thru FY 2013
BFD	13.7%	14.39%	19.2%	17.7%
Bridgeway	9.1%	8.27%	11.2%	18.5%
CCMO	12.1%	15.44%	21.1%	17.9%
StarrVista	9.6%	19.28%	12.2%	14.9%
(WW) Growth Works	7.8%	9.42%	15.5%	7.8%
Averages	10.6%	13.65%	16.1%	16.0%

In FY 2016, 85.6% of juveniles successfully completed a term of Level 1 (Community) Probation. A successful outcome is defined as fulfillment of the terms and conditions of probation set by the court. When the Court changes a juvenile's probation status from home-based (Level 1) to out-of-home (Level 2) it is defined as a "Violation of Probation" (VOP).

Juvenile Escalations for Technical Violations (Not New Criminal Convictions)					
CMO Agency	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012
Black Family Development	12.44%	17.7%	17.0%	20.9%	29.1%
Bridgeway	17.72%	23.5%	22.0%	14.1%	20.0%
CCMO	12.44%	14.5%	22.0%	15.1%	7.6%
StarrVista	19.30%	21.72%	20.0%	14.0%	20.0%
WW-Growth Works	13.71%	19.6%	21.6%	<1.0%	13.7%
Averages	14.42%	19.53%	20.5%	15.3%	18.4%

Juveniles terminated from Level 1 Probation were also tracked for one year for conviction on a new felony (does not include post-care cases).

Level 1 Probation – Community Supervision Recidivism Post One-Year After Court Termination					
Agency	2016	2015	2014	2013	2012
BFD	0%	0%	0%	7%	2.0%
Bridgeway	2.7%	2.1%	2%	5%	0%
CCMO	2.5%	0%	7%	0%	1.4%
Starr Vista	0%	0%	2%	1%	1.0%
Growth Works	2.8%	3.4%	0%	4%	4.8%
Averages	1.4%	1.3%	2.1%	3%	1.6%

A review of BFDI's performance utilized in the aforementioned dashboards and data charts reveals that BFDI still remains competitive within the Juvenile Justice arena, both in terms of its cost and effectiveness. BFDI is one of the only CMOs that is involved in broad-base community engagement throughout its assigned CMO zip codes. BFDI's collaboration with other systems, such as law enforcement, education, and the philanthropic community provides a competitive edge relative to securing philanthropic funding to support the needs of its at-risk and Juvenile Justice populations.

BLACK FAMILY DEVELOPMENT, INC.

ORGANIZATIONAL AREA: PROGRAM

2016 ANNUAL PERFORMANCE SUMMARY REPORT

January 1, 2016 - December 31, 2016

I.   INTRODUCTION

The Black Family Development, Inc. (BFDI) Annual Program Performance Report evaluates the achievement of contractually expected outcomes across the agency's service continuum. Annual program/contract evaluations occur each January of the next reporting year using the Logic Model Format. This evaluation is compiled using data contained in 2016 Logic Models submitted by each program manager.

OVERVIEW OF BFDI SERVICE DESIGN AND CONTINUUM

Black Family Development, Inc.'s service array is conceptualized within six (6) service categories, and captured within 6 aggregate Logic Models attached to this Plan:

Juvenile Justice   *Mental Health*
Substance Abuse   *Family Preservation*
Youth and Community Development   *Promise Neighborhoods*

II.   2016 PROGRAM-SPECIFIC OUTCOME ACHIEVEMENTS

Evaluation Methodology

The Logic Model considers five (5) aspects of program services: **Inputs, Activities, Outputs, Outcomes, and Recommendations**

Program services are evaluated using data stemming from client case records, statistical feedback from funding sources, client satisfaction surveys, Management Information System (MIS) reports,

Program Descriptions, and 2016 program-specific Outcome Data Measurements. These data are used to compare contractual expectations with actual program outcomes.

Please see the attached six (6) Logic Models for a comprehensive summary of BFDI's 2016 Program-Specific Outcome Achievements.

III.   2016 PERFORMANCE IMPROVEMENT GOALS & OBJECTIVES

2016 brought opportunities to expand partnerships.

A.   2016 Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis

BFDI's 2016 SWOT analysis indicates:

Strengths:

- **Federal – Level Initiatives**

    - ***Promise Neighborhoods:*** Detroit continues to advance this national model of place-based integrated academic and child well-being collaboration, which upon scale-up, culminates towards 19 measurable indicators.

    - ***Federal (City of Detroit) Project Safe Neighborhoods:*** BFDI is the requested fiduciary for the Wayne County Sheriff's Dept., Detroit Police, and other law enforcement divisions committed to protecting Detroit's citizens.

- **State – Level Initiatives**

    - The CEO and COO continue to serve on various state-level boards and commissions.

- **Wayne County System Of Care Initiatives and National Models of Care:**

    - ***Parents As Teachers:*** A national, evidenced-based home visiting model that promotes the optimal early development, learning, health and well-being of children by providing developmental and literacy tools to parents and caregivers.

    - ***School-Based Mental Health Prevention and Treatment Services:***

        As of February 2016, 13 DWMHA agency partners began serving students and families of 75 Wayne County public schools. BFDI is one of those 13 agency partners, serving 6 schools:
        - ✓ *Ecorse High School*
        - ✓ *Ecorse Grandport Elementary/Middle School*
        - ✓ *Ecorse Ralph Bunch Elementary*
        - ✓ *Brenda Scott Academy*
        - ✓ *Osborn High School*
        - ✓ *Hope Academy*

    - ***Wraparound:*** There are 11 provider agencies in Wayne County. BFDI is one of those agencies.

- ***Cultural and Linguistic Competency:***
  Wayne County launched an inaugural Cultural and Linguistic Competency Conference. BFDI staff participated, including 1 of the 2 Keynote presentations coming from BFDI's COO.

- ***Parent Management Training – Oregon (PMTO):***
  Wayne County has 6 provider agencies and 4 PMTO state-certified Coaches. BFDI is one of those agencies, and staff's one of the state-certified coaches.

- ***Integrated Community-Based Services (ICBS):***
  1,123 youth received ICBS Care Coordination in FY 15-16 in Wayne County. Approximately 20% of those CMO youth were served by BFDI.

- ***Trauma-Focused Cognitive Behavioral Therapy (CBT):***
  5 BFDI staff persons have participated this year in Trauma – Focused CBT training through the MI Dept of Health and Human Services. 3 have completed the requirements for state certification. The remaining 2 will complete in 2017.

- ***Qualified Children's Mental Health Professionals:***
  2,419 Wayne County Qualified Children's Mental Health Professionals in FY 15-16. 17 were from BFDI.

- ***Wayne County Certified CAFAS Trainers:***
  14 CAFAS trainers in Wayne County. 1 is from BFDI.

- ***Youth Peer Support Specialists:***
  7 youth completed the Youth Peer Support Specialist training and are credentialed through the MI Dept of Health and Human Services to bill Medicaid. 2 were from BFDI.

- ***Parent Support Partner:***
  BFDI partners with Family Alliance For Change for 1 Parent Support Partner serving 10 families at a time.

- ***Crossover Youth Practice Model (CYPM):***
  A cross-system initiative to plan a revised model of service for "dually involved" in juvenile justice, child welfare, and other systems. BFDI staff served as the funded CYPM Coordinator.

- ***Youth United:***
  Youth United is divided in Wayne County into 3 regions: East, Central, and Northwest. BFDI implements the East Region and is responsible for youth leadership training. BFDI's Youth United Team published the "Youth Under Construction" Training Manual, now being used across Michigan to train youth leaders in cross-system level advocacy and how to reduce the stigma of mental illness. The youth team developed, organized, and facilitated four (4) distinct trainings throughout Wayne County. The youth team ran the 2nd annual Summer Youth Leadership / Summer Employment program.

Additional agency strengths exhibited in 2016 included:

- Ongoing audit excellence in the juvenile justice prevention, diversion, and treatment programs.

- 1142 persons were trained in the Restorative Practices model, including training conducted for the MI Dept. of Health and Human Services' and MI Commission on Juvenile Justice's School-Justice Partnership state-wide conference. Restorative Practice "circles" are a common format for conducting agency business and coaching families on restorative means of resolving conflict.

- Ongoing philanthropic support and recognition from:

    - ***The Kresge Foundation*** – A second 1-year funding allocation for Osborn Neighborhood Stabilization Initiative.

    - ***The Kellogg Foundation*** – Year 3 and no-cost extension evaluation funding for Detroit's Promise Neighborhood. Steering committee participation in the Kellogg-Kresge early childhood initiative entitled "Hope Starts Here".

    - ***The Skillman Foundation*** – BFDI was selected as the key local implementer and training entity of the International Institute of Restorative Practices model to actualize the foundation's vision of Detroit being recognized as a restorative city.

- BFDI continues to utilize the eCAFAS quarterly functional assessment scale to determine empirical improvements in our youth age 7-18 participating in behavioral health services. From January 1 – December 31, *2016:*
  - *235 consumer assessments were completed*
  - *Mean age of tested youth was 11*
  - *65% youth tested were male*
  - *24% of the total population demonstrated symptoms of Pervasive Behavioral Impairment (PBI), which untreated is an indicator of future mental illness into adulthood. 64% of those youth improved and no longer met the PBI criteria at the time of the most recent assessment.*

- BFDI began using the ePECFAS quarterly functional assessment scale in 2016 to determine empirical improvements in consumers aged 4-6 receiving mental health treatment from October 1, 2015-September 31, 2016:
  - *Mean age of tested youth was 5*
  - *83% youth tested were male*
  - *Average PECFAS total score at Initial Assessment was 85, indicating that youth scored well above score of 50 required to qualify for minimally outpatient treatment.*
  - *67% of children demonstrated they would benefit from their caregiver improving their child management skills (e.g. needing Parent Management Training – Oregon) due to severe or moderate impairments on the Home subscale.*

Weaknesses (and Resolutions):
- Need for continued capacity-building to maximize Medicaid revenues through substance abuse and mental health services that may be increased using consumer access and retention strategies.

- Electronic Health Record system will increase agency capacity to measure service utilization indicators being tracked by funding sources.

- Increasing complexities of Medicaid and funder expectations creates new infrastructure challenges that warrant the engagement of three (3) new staff:

  o **Integrated Health Specialists** - *(Program Manager PTE to design, coordinate, and implement integrated health service system across BFDI; Health care specialists. Registered Nurses and Nurse Practitioners who can execute required physical health care services on-site at BFDI that generate Medicaid billing for each consumer physical health and mental health contact. Use of the electronic health record will improve access to consumers' physical health indicators of wellness through the use of MI health information exchanges.)*

  o **Behavioral Health Quality Assurance Assistant** - *(Quality Assurance staff with targeted expertise in Medicaid standards and integrating all newly issued Medicaid bulletins to ensure documentation reflects agency compliance with standards. Responsible for behavioral health program audits, verification of billing for all provided services, utilization reviews, case record reviews for mental health and substance use disorder services)*

  o ***Utilization Case Manager*** – *Qualified Mental Health Professional responsible for improving service access and retention of referred consumers, thus improving Medicaid revenues, by: following – up with all referrals for behavioral health services issued from within BFDI, by Pioneer, by call-in, by walk-in, or any other means of seeking BFDI services, until consumer's case is formally opened, and consumer has been engaged in Intake and 2 subsequent sessions. Case Manager would follow-up with open consumers who have missed 1 appointment using a database of missed appointments compiled by support staff daily. Case manager would be responsible for researching, and responding tom transfer requests and reporting research outcomes to the Director of Clinical Services for authorization to approve the transfer. Transfer emails would be flagged for assembly into a uniform transfer request folder to be emptied within 48 business hours. Case manager shall maintain a behavioral health caseload sufficient to generate funding for 50% of their salary.*

Opportunities:
- Team Wellness request to further expand BFDI children's behavioral health services into their facilities

- Infant Mental Health

- Parent Education resources to bolster:

  ▪ Healthy brain development
  ▪ Early childhood literacy
  ▪ Reading, vocabulary, and comprehension across children's development

- Bolstering the research-based protective factors against poverty:

  ▪ Healthy marriage
  ▪ Delaying child birth until family support resources are intact

- Delaying premature sexual experiences, which lead to teen pregnancy and childbirth outside of marriage

Threats:

- ***State- Level:*** Governor's Affinity 298 Plan is leaving uncertainty about the means, and recipients, of funding for community mental health service, which up until now has been a public, not-for-profit (versus private, for-profit) issued service.

- ***Federal – Level:*** Presidential appeal efforts of the Affordable Health Care Act strive to make previously federal entitlements based upon income, now block grant dollars to be passed down to the state level for discretionary use; resulting in the potential loss of Medicaid for large numbers of Wayne County citizens.

B.   2016 Performance Improvement Goal

Goal 1: To expand into further school – based services due to request for need expressed by Ecorse School District and Hope Academy.

Action Step:

To create a referral agreement with schools to use existing staff, as feasible, to provided Medicaid-funded treatment services.

Results:

School-Based Mental Health Prevention and Treatment Services:

In January 2016, the Detroit-Wayne Mental Health Authority (DWMHA) issued a Request For Proposals to provide school – based prevention and treatment services as a result of the expressed need by the Detroit Public Schools and MI Educational Achievement Authority school districts.

Black Family Development applied, and listed the schools of the Ecorse School District and Hope Academy as 4 of the 6 (six) proposed service sites.

As of February 2016, 13 DWMHA agency partners began serving students and families of 75 Wayne County public schools. BFDI is one of those 13 agency partners, serving 6 schools:
- ✓ *Ecorse High School*
- ✓ *Ecorse Grandport Elementary/Middle School*
- ✓ *Ecorse Ralph Bunch Elementary*
- ✓ *Brenda Scott Academy*
- ✓ *Osborn High School*
- ✓ *Hope Academy*

This success allowed BFDI to hire new staff designated to providing these services to the students and staff within the six (6) schools. This well – exceeded the agency vision of working to accommodate new students within the Ecorse district and Hope Academy by assigning existing staff students as caseload openings arose.

An additional win was the opportunity to provide prevention services, vs. solely treatment services, to at-risk youth and families; thus possibly averting the need for treatment services in the future.

Goal 2:

To train on performance management goals towards implementation by December 2016.

Objectives:

1. Utilize managers meetings to build performance management knowledge and capacity to lead staff in revising program-level logic model indicators.

2. In February 2016, Managers will finalize preliminary Question Zero and If/Then Statement developed in September staff meeting and December manager's meeting in 2015.

Results:

One training was provided to Managers in 2016. Goal and objectives will need to be revisited for 2017.

Goal 3:
Implement co-located physical health care services by December 31, 2016.

Objectives:

1. Implement physical health awareness.
2. Collaborate with Everest Institute for plan to serve as an internship site for graduating Patient Care Technicians trained to conduct Intakes, take vitals, and coordinate consumers' medical care laboratory and other follow-up appointments by March 2016.
3. Integration of Nurse Practitioners

Action Steps:

1. Begin taking blood pressure, body mass indexes, temperatures, heights and weights for behavioral health consumers January 2016.

2. Establish letter of internship agreement with Everest and commence with interviews.

Results:

1. Collection of basic physical health care vital signs for children on psychotropic medication *(including taking blood pressure, body mass indexes, temperatures, heights and weights for behavioral health consumers*
2. *Physical health care referrals to primary care physicians and Advantage Health Centers.*

3. Everest Institute and BFDI did agree that BFDI would be uniquely established as an internship site for graduating Patient Care Technician interns, with the potential for hiring of qualified and successful interns post-graduation.
4. Everest Institutes' Detroit and Dearborn locations closed for business, therefore the collaborative relationship ceased.
5. Interviews occurred for on-site Nurse Practitioner interns. These interviews were as a result of partnership with the Detroit Wayne Mental Health Authority Detroit Clinical Scholars and Fellows.
6. A Memorandum of Understanding was completed. BFDI was deemed a Master's-/Doctoral – Level Nurse Practitioner Field Placement Site for Registered Nurses.
7. The position was unable to be filled with qualified candidates

C. 2017 Performance Improvement Goals

Goals 2-4 below are further elucidated in the 2017 Annual Improvement Plan.

Goal 1: To expand agency management team to provide deep dive oversight in the Behavioral Health sector of the organization and County.

Objectives:
    a. Talent acquisition in new capacities for infrastructure capacity-building
    b. Engage internal talent capable of greater scope of responsibilities into national models and train-the-trainer roles internally, and representing BFDI on a county-level training field.

Action Steps:
3. Hire approved personnel
4. Engage staff in state-level train-the-trainer experiences in the Level of Care Utilization System (LOCUS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS), and Motivational Interviewing.
5. Engage in routine staff training opportunities, including Lunch & Learns.

Goal 2: To train on performance management goals towards implementation of Harvard's Performance Management For Non-Profit Executives.

Goal 3: To implement co-located physical health services.

Goal 4: To execute an electronic health record.

BLACK FAMILY DEVELOPMENT, INC.

2017 ANNUAL IMPROVEMENT PLAN

2017 PERFORMANCE IMPROVEMENT RECOMMENDATIONS

2017 Performance Improvement Goals and Objectives:

2017 agency performance goals and objectives are predominantly based on national trends and patterns. Philanthropic and private investors in not-for profit entities are seeking means of justifying their return on investment based upon programmatic outcomes, as evidenced by periodic data collection and analysis.

While some progress was made towards the 2016 goals, other program expansions in behavioral health and federal funding pursuits, create the value in returning to further execution of this plan.

Historical Context For Goal 1:

BFDI will continue to improve performance management strategies as derived from the Chief Operating Officer's sponsorship to attend the 2015 Harvard University Performance Management For Non-Profit Executives.

Goal 1:

To train on performance management goals towards implementation by December 2017.

Objectives:

6. Utilize managers meetings to build performance management knowledge and capacity to lead staff in revising program-level logic model indicators.

7. In February 2017, Managers will submit a preliminary Logic Model, including their Question Zero and If/Then Statement, to guide outcome measures for the final logic model to be submitted in December 2017.

8. Managers will submit monthly data collection on selected performance indicator for 3rd and 4th quarters of the calendar year.

Historical Context For Goal 2:

Since 2013, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) developed an entire division to training on the planning, design and implementation of integrated care treatment models. This division serves to guide behavioral health and physical health organizations with implementing an actual or virtual one-stop "Health Care Shop" offering mental health treatment, substance use disorder services, as well as an array of preventative and rehabilitative physical health services.

In 2013 BFDI initiated integrated health model relationships via Letters of Agreement with Federally Qualified Health Centers: Detroit Community Health Connection, Inc., and Advantage Health Centers, signed in 2014.

2016 Milestones Of Success: 2016 introduced basic physical health care vital signs for children on psychotropic medication *(including taking blood pressure, body mass indexes, temperatures, heights and weights for behavioral health consumers)*, as well as physical health care referrals to primary care physicians and Advantage Health Centers. Interviews occurred for on-site Nurse Practitioner interns. These interviews were as a result of partnership with the Detroit Wayne Mental Health Authority Detroit Clinical Scholars and Fellows. Upon completion of a Memorandum of Understanding, BFDI was deemed a Master's- /Doctoral – Level Nurse Practitioner Field Placement Site for Registered Nurses. The position was able to be filled with qualified candidates

In progressive collaboration with Everest Institute, both agencies did agree that BFDI would be uniquely established as an internship site for graduating Patient Care Technician interns, with the potential for hiring of qualified and successful interns post-graduation. Everest Patient Care Technicians are trained to conduct Intakes, take vitals, and coordinate consumers' medical care laboratory and other follow-up appointments. Everest Institutes' Detroit and Dearborn locations closed for business, therefore the collaborative relationship ceased.

2017 will target the development of on-site health services via partnerships with existing health entities, rather BFDI hiring personnel directly.

Goal 2:

Implement co-located physical health care services by December 31, 2017.

Objectives:

4. Meet with Authority Health regarding collaborative health and staff placement at BFDI.
5. Determine need/feasibility for collaboration with Wayne County Dept of Veterans and Community Wellness for integrated health services/placement at BFDI.

6. Initiate procedures/policies to serve BFDI's clients across lifespan by December 31, 2017.

Historical Context For Goal 3:

BFDI is a covered entity and, therefore responsible for electronic submission of claims. While BFDI has extensively researched potential Electronic Health Record (EHR) formats, as well as secured the financial resources and IT infrastructure needed.

2016 Milestones Of Success: In 2016, a Director of Clinical Services, familiar with EHR implementation with clinical staff, was hired. BFDI developed a consumer registration database to record all current and newly enrolled consumers across the organization. The IT department engaged in detailed assessment for greater clarity on software and reporting requirements for each agency program, in preparation for the electronic health record.

Goal 3:

To execute an Electronic Health Record implementation Plan by December 31, 2017.

Objectives:

1. To re-engage with Peter Chang (PCE Enterprises) on BFDI's EMR by April 2017.
2. Develop a project management timeline by June 2017.
3. Work with PCE Enterprises to implement EHR preparation and implementation through December 31, 2017.