



Performance Quality Improvement (PQI) Operational Plan

STAKEHOLDER INFORMATION

Sts. Joachim and Ann Care Service

4116 McClay Road, St. Charles MO 63304

To learn more about the Care Service or to become involved please go to www.jacares.org or call 636-441-1302.

Care Service's Philosophy of PQI

Sts. Joachim and Ann Care Service has a well-known track record of providing quality services to recipients in need since 1982. Having just recently become more than a volunteer agency, the Care Service is consistently working on improving service delivery and operations. The Care Service's Performance and Quality Improvement standards promote excellence and a culture that values efficient and effective delivery of services, as well as a commitment to the continual improvement of program service, performance and positive results. This is accomplished through both short-term and long-term planning, the systematic collection and review of service delivery data, and through continual efforts to communicate outcomes and recommendations.

The Care Service's leadership, including board members, senior management team, staff members, volunteers and members of the community (our stakeholders), work together to identify strengths and areas of positive practice, and to communicate these achievements throughout the organization. Regular training and support are given to all staff in order to increase the capacity of the agency to sustain and improve performance and quality improvement activities.

The Care Service's PQI Plan not only defines the framework and function of the organization and its commitment to maintaining positive results, but also conveys the agency's dedication to excellence and continual improvement of all services. An example of this plan includes analyzing quality improvement data from our stakeholders. This information is then used by the senior management team to evaluate program effectiveness, identify areas for improvement, and incorporate a plan of action.

Overview of the PQI Process

PQI Committee Structure - The PQI committee consists of the following positions: Director of Development/PQI, Executive Director, Director of Operations, Director of Administration, Accounts Manager, Program Coordinators tied to the various outcomes, one of the PQI board members, an additional rotating staff member, and a rotating volunteer. The rotating members of the various groups allows for the whole organization to buy-into the quality improvement process.

Roles - The Director of Development/PQI, the Executive Director and the rotating board members have been designated "PQI Executive Sub-Committee". The remaining members

with the exception of the rotating volunteer and rotating staff member, are assigned a "lead" role on one of the PQI outcomes.

Responsibilities -The PQI Executive Sub-committee oversees the entire PQI process on a quarterly basis and acts as a checks-and-balance procedure for the other "lead" members linked to PQI outcomes. The "leads" are responsible for the annual planning, implementation and reporting on their specific outcome.

PQI Process - See attached flow chart on final page.

Stakeholders

Definition of Stakeholders - The Care Service's stakeholders include board members, Executive team, staff members, volunteers, partners in the community, and clients.

How stakeholders are involved in PQI - Stakeholders are involved in the PQI process at various levels. Staff, which includes volunteers, are regularly involved in the planning and implementation of various outcomes. Board members and the Executive Team are included at the highest level of PQI planning, including the development of the long-term strategic plan. Partners in the community will be involved in two aspects of the PQI process, where the majority will be provided the annual PQI report and a small minority will be asked for their involvement in the quarterly PQI meetings. Every quarter, the PQI committee will develop a list of 10 partners in the community who will receive an invitation to attend the following meeting. Examples include funders for the various programs or services or members of the Continuum of Care (CoC). The annual PQI report will be viewable on the website for transparency purposes.

Sts. Joachim and Ann Care Service Goals and Outcomes

I. Short-Term/Annual Goal

Goal 1 To attain accreditation through the Council on Accreditation

Outcomes:

1. Complete self-study documents for at least 10 of the 13 standards by April 1, 2010.
2. Implement policies and procedures for at least 10 of the 13 standards by May 1, 2010. Implement remaining policies and procedures by July 1, 2010.
3. Review and finalize all self-study documents by July 1, 2010.
4. Complete preparation for on-site visit by September 1, 2010.
5. Respond to accreditation items that are not sufficient by March 1, 2011.
6. Review all standards and improve policies and procedures by December 31, 2011.

Expected Completion: Variable; Self-study = July 2010, On-site visit = September 2010; Accreditation to occur in 2011.

II. Management/Operations Performance (also qualifies as Short & Long-Term Goal)

Goal 2 The Care Service aims to improve financial planning and decision-making processes.

Outcomes:

1. Implement Financial standards relating to the COA process by May 1, 2010.
2. Implement use of program budgets for Coordinators by December, 2011.

3. Identify business donors to provide donations in the amount of \$500,000 for the building project by March, 2012 (tied to Missouri Neighborhood Assistance Program tax credits).
4. Implement decision-making process for budget items over \$1,000 not approved in the annual budget process by August, 2011.
5. Prepare annual report by June 1, 2010 for 2009 fiscal year.
6. Prepare annual report for 2010 fiscal year by May 1, 2011

Expected Completion: August, 2011 with exception of item #3, to be completed March 2012 (tied to receipt of tax credits).

Goal 3 To improve employee satisfaction and with management staff within the Care Service
Outcomes:

1. Conduct annual staff satisfaction survey by February 30th of every year.
 - a. Identify differences among program and admin staff.
 - b. Identify at least 2 areas to focus on in upcoming year
2. Prepare annual retention survey by February 30th of every year.

Expected Completion: February 30th of every year.

III. Case Management Program/ Service Delivery Effectiveness

Goal 4 Case Management Quality and Impact Outcomes - To assess stability of recipients at 6-12 month follow-up and to inquire level of satisfaction with the Care Service program/service.

Outcomes:

1. Conduct annual client survey where Care Service (random sample of housing recipients,
 - a. Receives an average rating of 80% for survey question dealing with percent of recipients who are satisfied with the services they received from the Care Service (measured by a rating of satisfied or very satisfied on the 5-point scale).
 - b. Receives an average rating of 80% for survey question dealing with percent of recipients who are satisfied with the quality of care they received from the Care Service case management team (measured by a rating of satisfied or very satisfied on the 5-point scale).
 - c. Receives an average rating of 80% for survey question measuring the level of impact the housing assistance service provided to the household (measured by a rating of moderate or great impact on 4-point scale).
2. Conduct a quarterly review of the case records and the recipients progress toward achieving the various goals to assure system is fair and free of bias in addition to quality of records being kept.

Expected Completion: Annual survey report is completed by September 30th every year.

Goal 5 Child and Family Development Program Outcomes (also known as Child and Youth Services)

Outcomes:

1. To ensure that homeless children in our care maintain enrollment in school; where
 - a. 98% of school-aged children will be enrolled in school within seven (7) days of entering the program.
 - b. 2% of school-aged children will be enrolled in school within 14 days. This delay could be due to special needs

- c. Parents will be informed of the McKinney-Ventow law.
2. To improve the child's basic needs: food, clothing, health and/or financial status.
 - a. 100% of the children who have had their certifications completed will have a review of their physical and mental health status within 30 days of certification.
 - b. 100% will have access to the Care Service's Direct Services after certification.
 3. Quality is not directly measured with CFD since there is considerable overlap with recipients who receive housing assistance and are surveyed in Goal 4.

Expected Completion: Annual reports for the previous fiscal year are completed by February 28th every year

Goal 6 Workforce Development Program and Quality Outcomes

Outcomes:

1. To ensure that WD recipients are provided quality service by conducting an annual follow-up survey , with an average rating of 70% (average 3.5)
 - a. Initiate, plan and complete follow-up survey for clients who have received WDS Services.
 - b. Receive an average rating of 70% (average 3.5) on question, "on a scale from 1 to 5, with 5 being the highest rating, how would you rate the level of service you received from the Care Service Career Center? 1 2 3 4 5".
 - c. Data collection (phone and/or mail) will occur in September/October;
 - d. Data Analysis will occur in November/December;
 - e. Final report due to Director of Operations, Development Director and Executive Director by January 31st.
2. WDS Program Coordinator to assist at least 40 clients per month for the following WDS Services: Career Counseling/Exploration, On-line job search and Application Assistance Process/Resume and cover letter writing assistance. Measured by Bell Data report where services are listed in drop-down box under "notes".

Expected Completion: Survey report to be completed by January 31st every year.