Sts. Joachim & Ann Care Service
PQI Quarterly Report- 1st Quarter 2018

Section One - Introduction

If you are reading this, you are a stakeholder of Sts. Joachim and Ann Care Service! Thank you for the important part you play in helping us continue to be a thriving organization that is committed to the people we serve. Whether you are a client, staff, board member, funder, private donor, or community member, your input is always a valued part of our PQI- Performance and Quality Improvement.

The goal of this report is to communicate how we are doing through outputs (productive activities) and outcomes (positive impacts), all compared against documented goals. If you have ideas on how this report can be improved, please contact Missy Naumann, Program Compliance Coordinator, at mnaumann@jacares.org. Your input is very much appreciated!

Section Two – Outputs and Outcomes

Met or Exceeded Goal

Within 10% from Goal

10% or more from Goal

Housing Program

Outputs	This Quarter	This Quarter Last Year	Compared to Last Year
Calls are screened and connected to resources	**1434**	**1743**	
Hours spent case managing clients	**1438**	**1146**	
Outcome Goals	**This Year**	**Last Year**	**Compared to Goal**
95% of households are living in safe/secure housing 3-6 months after financial assistance	**97%**	**94%**	
85% of households report the Care Service made a great impact on the stability of their housing.	**95%**	**90%**	

The Housing Program receives calls through the main line, which is answered by the Information and Referral Facilitator (IRF). Every caller is screened to qualify them for our services, and referrals are given for additional help. Each call is logged in a spreadsheet and tracked in a monthly report. This quarter we

received 1434 calls, which was significantly less than the same quarter of last year. One key explanation for the decrease was a shift in the process of handling homeless in the community. The Community Council led the effort to create a "Coordinated Entry" entry point for homeless individuals. The homeless are instructed to call "2-1-1", where they are screened before being referred to the appropriate agency to help them. This change went live on January 23, 2018, and gradually, the numbers are reflecting the public acclimating to the change.

Clients that qualify for our services are certified by our Intake Workers and receive the immediate housing assistance that is needed. If case management is required, a Generalist Social Service Workers conducts a full assessment and tailors a plan to suit that client or family. We administered 1438 case management hours in the Housing Program this quarter. This well exceeded the same quarter of last year when we spent 1146 hours of case management in Housing.

Three to six months following case closing, we conduct a follow-up survey with the clients who received financial housing assistance to gauge how well the client is doing since we helped them and also their degree of satisfaction with the service they received. These numbers include participants in the Children and Family Development program as they also can receive financial housing assistance. 97% of the clients surveyed were able to report living in safe and secure housing and 95% of the clients felt our services had a great impact on the stability of their housing situation. These numbers exceed our goals of 95% and 85% respectively.

Children and Family Development

(Outcomes are reported in 6-month intervals at Mid-Year, January-June and Year End, July-December).

Outputs	This Quarter	This Quarter Last Year	Compared to Last Year
Home visits conducted	**143**	**50**	↑
Hours spent case managing clients	**1877**	**1854**	↑
Outcome Goals	**This Year**	**Last Year**	**Compared to Goal**
100% of children report improvement in at least 3 basic needs categories	**100%**	**100%**	●
85% of children report improvement in well-being	**91%**	**89%**	●
75% of children reside in stable housing within 6 months	**94%**	**87%**	●

Families with children who come to us homeless or at risk of homelessness are given more intensive case management. We calculate their level of risk and then set up a specialized plan of home visits that allow us to conduct a full assessment and provide face-to-face case management. During this time, a service plan is drawn up that contains agreed upon and reachable goals to help get the family to

sustainability. The family is also connected to area resources depending on their needs. Follow-up assessments are administered to gauge the progress the family has accomplished. In 2017, we had more Social Service Workers in place to help our clients. We also implemented some case management improvements that required an increase in home visits and case management hours for each family. This quarter we conducted 146 home visits and administered 1877 hours of case management in the Children and Family Development program. 100% of the children reported improvement in at least 3 basic needs categories, 91% reported improvement in well-being and 94% are living in stable housing. These are all solid outcomes that met or exceeded our goals.

Street Outreach

Outputs	This Quarter	This Quarter Last Year	Compared to Last Year
Homeless contacts made	**106**	**60**	
Homeless contacts that received food and water	**101**	**55**	
Outcome Goals	**This Quarter**	**This Quarter Last Year**	**Compared to Goal**
50% homeless individuals have zero Emergency Room visits	**95%**	**37%**	
25% of homeless individuals have attained temporary or permanent housing	**35%**	**49%**	

Street Outreach finds the homeless where they're at and provides them tangible basic needs, case management, access to housing, and basic healthcare assistance (through a partnership with SSM). The Street Outreach program began almost two years ago with one full-time staff member. In the last quarter of 2017, we added two full-time staff members who were up and running by the end of the year, enabling us to increase the number of homeless reached. This quarter we made 106 contacts with homeless individuals, and 101 contacts receiving food and water. "Contacts" counts every person we visit, some being visited multiple times in the quarter. Our goal is to reduce the number of visits to hospital emergency rooms with an outcome to have 50% of homeless individuals with no ER visits in the quarter. This quarter 95% achieved this, which well exceeds our goal. With this vulnerable population, we hope to help 25% with temporary or permanent housing. This quarter we exceeded our goal by providing temporary or permanent housing to 35% of the homeless population that were contacted on the streets. As stated earlier, homeless individuals can now call one number for help and will be forwarded to the agency in the community that best suits their needs. We are able to track and find more homeless individuals with this simple, coordinated entry process, which will help us to serve them even better than before.

Food Pantry

Outputs	This Quarter	This Quarter Last Year	Compared to Last Year
Food distributions	**1892**	**1605**	
Families served	**281**	**259**	
Outcome Goals	**This Year**	**Last Year**	**Compared to Goal**
75% of clients report improved financial stability after participating in program	**99%**	**94%**	
80% of clients report improved food security after participating in program	**99%**	**97%**	
85% of clients are satisfied with how the food meets nutritional and dietary needs.	**90%**	**85%**	

Our Food Pantry program runs efficiently with over 60 volunteers and a few paid staff members. Each family or individual who is signed up for food pantry is invited to visit once a week for their food, toiletry and household needs. The “number of food distributions” counts every family member served with each visit to the food pantry, while the ”number of families served” counts the actual households served in the quarter. We had 1892 food distributions this quarter serving 281 families, which is an increase over the first quarter of last year.

Annually, we gather input from our pantry recipients to assess how much of an impact we made on the household and their satisfaction with service as a whole. We recently completed the survey for this year and the results were overwhelmingly positive. 99% of the clients surveyed reported improved financial stability, 99% report improved food security and 90% say they are satisfied with how the food meets nutritional and dietary needs. These outcomes all met or exceeded the goals that were set.

Section Three- Quarterly Case Record Review

Case record files are continually audited to ensure proper documentation is maintained on each household served, and that the information is accurate and complete. To take it a step further, we have added an entirely new level of auditing that looks much further than just the documentation. We have a trained paid staff member who is now inspecting files to ensure that we are giving quality case management to the clients we serve. The review examines documentation of referrals, completion of risk and other assessments, evaluates the service planning, number of home visits, and after care planning. The Director of Program Services reviews and approves the final scoring of the case management audits, or high-risk audits. Meanwhile, we continue to conduct separate documentation audits, or low-risk audits, with final review and scoring done by the Director of Operations. The Executive Director also audits a sample of both the low-risk and high-risk files and all discrepancies found in these audits are investigated and if needed, corrections are made. The scores are tabulated and summarized below.

Case Record Audit 2017

		Overall Audit Score	**97%**	**94%**	**93%**	**97%**	**95%**
			Q1	Q2	Q3	Q4	2017 Totals
Low Risk	Open	Score	99%	100%	99%	100%	99%
		# Sampled	59	49	53	39	200
	Closed	Score	84%	58%	41%	76%	65%
		# Sampled	19	5	18	18	60
High Risk	Open	Score	100%	98%	99%	100%	99%
		# Sampled	25	24	17	32	98
	Closed	Score	94%	94%	96%	97%	95%
		# Sampled	11	13	17	13	54

Section Four- Quality Improvement Plans (QUIP)

This quarter we are continuing to work on three improvement plans.

1) **After Care Program**- Through the evaluation of the Long Term program and also some training attended by our Director of Programs, Pam Struckhoff, we learned more information on when to close a case. One question they said you should ask is, "Is closing this case going to cause this person to be homeless?" Pam realized that sometimes we close cases because we have reached our limits on financial assistance and send a letter to the client saying this. Since we offer more than financial assistance, this is not an acceptable reason to close a case. We should continue our case management until the client is stable. Through an improvement plan, we are hoping to

improve our case management of the client, leaving them in a better place when their case is closed.

2) **Risk Assessment**- The need for this QUIP evolved from a prior QUIP on improving our case management of long term clients. A meeting was held to brainstorm ideas for change and many of the SSW's agreed that once a month home visits are not enough to keep clients on track, especially the high risk population. In the Long Term QUIP, a Risk Assessment was developed. We are starting this QUIP to further that development and make some improvements. Case Management should be tailored to the client based on their needs, more specifically based on their Risk Assessment score. Improvements in this area should give our clients more personalized approach to their case management, giving them more attention when it is mostly needed, at the beginning of the case management process.
3) **Program Supervisor Manual**- The Director of Programs and the Program Compliance Coordinator were meeting on a few program QUIPs and realized with an increase in numbers and measures we are expecting from staff, Program Supervisors need a system of checks to make sure all of these new goals are being met. There is no formalized, documented instruction on what data they need to look at. A new Program Supervisor Manual will instruct the supervisor on how to run the necessary reports to ensure goals are being met.