

Sts. Joachim & Ann Care Service

PQI Quarterly Report- 2nd Quarter 2018

Section One - Introduction

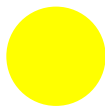
If you are reading this, you are a stakeholder of Sts. Joachim and Ann Care Service! Thank you for the important part you play in helping us continue to be a thriving organization that is committed to the people we serve. Whether you are a client, staff, board member, funder, private donor, or community 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, in plain English. This report is a culmination of effort from our Directors who worked hard to develop Logic Models for their respective departments, that included outputs and outcomes, all compared against documented goals. Quarterly, we hope to look at how we are doing compared to our goals. If you have ideas on how this document can be improved, please contact Missy Naumann, Program Compliance Coordinator, at mnaumann@jacares.org. Your input is very much appreciated!

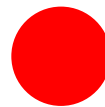
Section Two – Outputs and Outcomes



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	1372	1717	
Hours spent case managing clients	1592	926	
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.	94%	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 1372 calls, which was significantly less than this same quarter last year when we received 1717. We are attributing this to the change we made in January to direct homeless (or close to homelessness) to 2-1-1 for the Coordinated Entry process. Eventually, these calls may get redirected back to us, but the redirection of the screening of calls creates a lighter call volume for us.

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 1592 case management hours in the Housing Program this quarter. This well exceeded the same quarter of last year when we spent 926 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 94% of the clients felt our services had a great impact on the stability of their housing situation.

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	205	79	↑
Hours spent case managing clients	2100	2066	↑
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.

This quarter we conducted 205 home visits and administered 1981 hours of case management in the Children and Family Development program. 100% of the children reported improvement in at least 3 basic needs categories, 93% reported improvement in well-being and 94% are living in stable housing. These are all solid outcomes that met or exceeded our goals. These outcomes are from the year-end report of 2017. We have not completed our mid-year report yet.

Street Outreach

Outputs	This Quarter	This Quarter Last Year	Compared to Last Year
Homeless contacts made	107	71	
Homeless individuals served	72	41	
Homeless contacts that received food and water	103	75	
Outcome Goals	This Quarter	This Quarter Last Year	Compared to Goal
50% homeless individuals have zero Emergency Room visits	97%	83%	
25% of homeless individuals have attained temporary or permanent housing	28%	78%	

The Street Outreach program began over two years ago, and it is gradually taking shape with a growing staff, developing procedures, a new grant supporting the program and new outcome goals. Street Outreach finds the homeless on the streets and provides them tangible basic needs, case management, access to housing and healthcare (through a partnership with SSM). This quarter we made 107 contacts with 72 homeless individuals and 103 contacts received 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 97% achieved this which well exceeds our goal. With this vulnerable population, we hope to help 25% with temporary or permanent housing. This quarter we obtained shelter for 28% of the homeless population that were reached on the streets. This exceeds our goal of 25%.

Food Pantry

Outputs	This Quarter	This Quarter Last Year	Compared to Last Year
Food distributions	1614	1604	↑
Families served	249	258	↓
Outcome Goals	This Year	Last Year	Compared to Goal
75% of clients report improved financial stability after participating in program	94%	81%	●
80% of clients report improved food security after participating in program	97%	85%	●
85% of clients are satisfied with how the food meets nutritional and dietary needs.	85%	71%	●

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 and the “number of families served” counts the number of distributions by household. . We have fine-tuned our “Families served” number so there are no more duplications from month to month, since the same family can come back from month to month. This new measurement is a more accurate number. We had 1614 food distributions this quarter and 249 families served, which is very similar to this quarter 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. 94% report improved financial stability, 97% report improved food security and 85% 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

A quarterly review of approximately 10% of open and closed case records is done on an ongoing basis to evaluate the presence, clarity, quality and continuity of required documents. While a trained staff member does the review, the entire process is supervised by administration. The Executive Director is responsible for reviewing a small random sample of those files that were previously reviewed by a trained staff member. We follow up on any issues that are discovered in the review process to ensure they are corrected. If needed, extra training is administered.

Case Record Audit 2018

Overall Audit Score 96.81% 0.00% 0.00% 0.00% 96.81%

			Q1	Q2	Q3	Q4	2017 Totals
Low Risk	Open	Score	99%				99%
		# Sampled	74				74
	Closed	Score	75%				75%
		# Sampled	17				17
High Risk	Open	Score	100%				100%
		# Sampled	24				24
	Closed	Score	98%				98%
		# Sampled	10				10

Section Four- Quality Improvement Plans (QUIP)

This quarter we are continuing to work on two improvement plans:

- 1) **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. We are in the process of adding a screen to our database that will allow us to evaluate how the Risk Assessment score influences the case management that is given which will affect the client outcomes.
- 2) **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. Progress has been made on this improvement, but some of it was put on hold to focus on the agency's reaccreditation.