

Idaho National Guard Family Program

Performance and Quality Improvement

Quarterly Report

For: 1st Quarter TY 19

February 2019

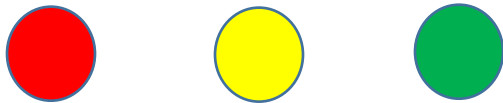


Section One – Introduction

This report is for all stakeholders, including Service Members, their Families, staff, community members and any individual who is interested in the great work that we do. Performance and Quality Improvement (PQI) is an integral part of our organization. We are always open for new opportunities to change and grow. We hope this report demonstrates our commitment to the Service Members and their Families, our transparency for when things don't go as well as planned, and a desire to receive feedback from others. If you have ideas on how this document can be improved, let us know.

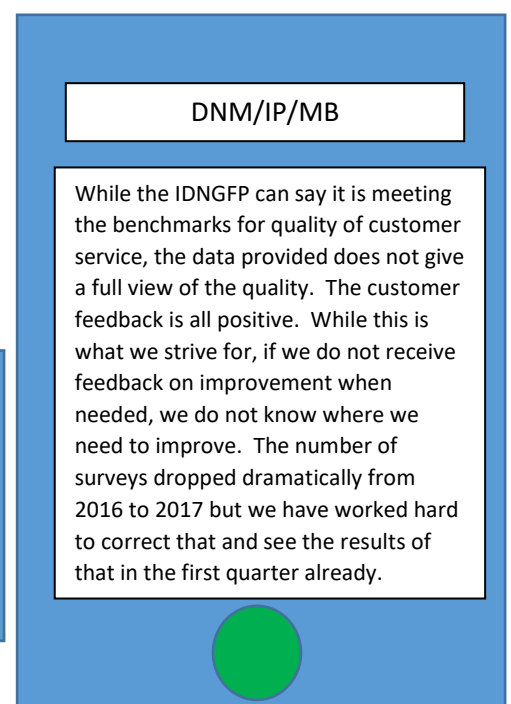
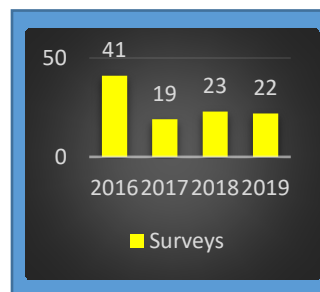
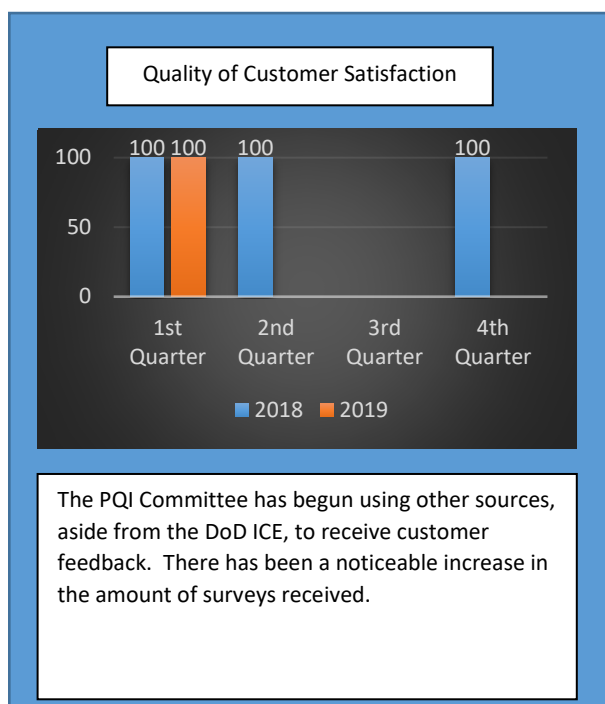
An important feature of this report is that we want to provide information to our stakeholders, both our accomplishments and areas we need to improve on. As an organization, we want to learn from our experience and grow. When we find areas that are not up to our expectations, we create a plan on how to address the challenge and improve.

We will use a simple icon system through the report for our outputs. A red dot signifies an area that does not meet our benchmarks (DNM), a yellow dot indicates an area of improvement that we are currently working on or in progress (IP) and a green dot indicates an area where we are meeting our benchmarks (MB).

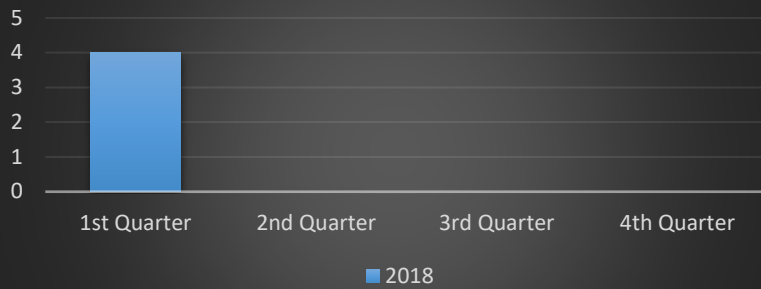


Section Two – Outputs

This section looks at our outputs. Our outputs are simple numeric measurements of productivity.



Customer Complaints



DNM/IP/MB

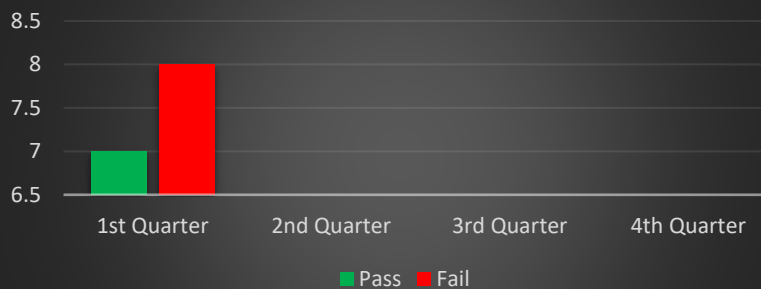
There were no reported customer complaints for the 1st Quarter. This is a continued improvement.

Plan

As there were no formal or informal complaints, and thus no improvement plan was written for this quarter.



Quality of Case Records

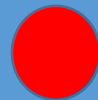


DNM/IP/MB

The FACC reviewed 15 cases for this quarter, which was a decrease. A standard of 85% was set as a passing review. Only 7 of the cases meet that standard.

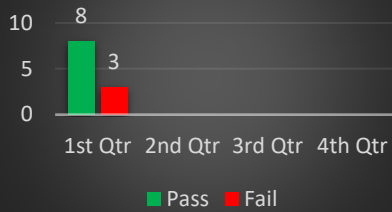
Plan

A decrease in the number of cases reviewed is a concern. Continuing to have cases not meet the standard requires an improvement plan. The major causes for failing the review was violation of the Customer Rights SOP.

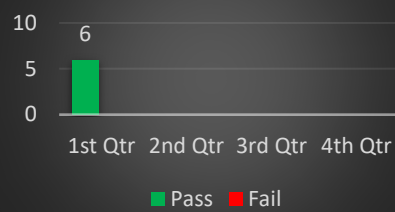


Quality of Volunteer Paperwork

FRG



C&Y



DNM/IP/MB

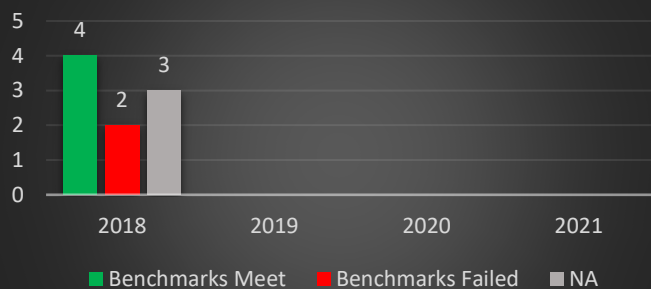
Both the SFRSA and Lead C&Y Coordinator continue to show remarkable improvements in their files. The number of files reviewed and that passed continue to increase.



Plan

Both programs continue to work to grow the numbers of volunteers. This is seen the continued increase of files being reviewed. The C&Y had another quarter of 100% and the FRSAs only had 3 fail the 85% bench mark. FRSAs continue to battle the challenges of getting commanders to completed documents needed for the files.

Quality of Strategic Plan



DNM/IP/MB

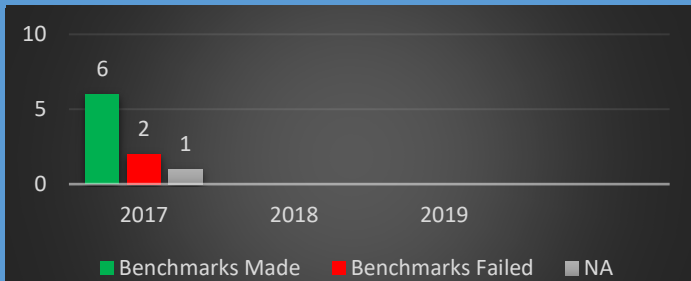
The IDNGFP wrote and published a strategic plan for the first time to meet the standards for accreditation. After reviewing it with the PQI Plan checklist, there are areas for improvement. The decision was made to make this an annual review, not quarterly.



Plan

This is a new strategic plan. The plan meets the requirements of the accreditation standards. After using the PQI review form, the plan has some minor areas to improve. A formal written improvement plan will be prepared and actioned on at the end of the year. This review will be an annual one, not quarterly.

Quality of SOPs

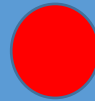


DNM/IP/MB

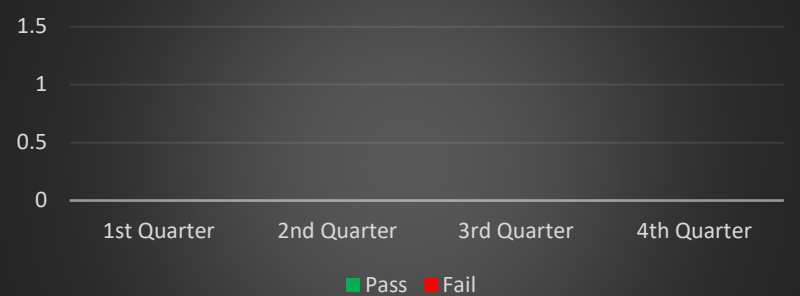
The IDNGFP wrote and published a SOP for the first time in three years to meet the standards for accreditation. After reviewing it with the PQI Plan checklist, there are some areas for improvement

Plan

This is a new SOP. It meets the requirements of the accreditation standards. After using the PQI review form, there were areas of improvement identified. A formal written plan as well as a rewrite of the SOP will happen in training year 2019. Work on the C&Y SOPs is needed after discovering areas that did not cover some recent incidents.



Quality of Case Records (ANG)



DNM/IP/MB

The program manager did not provide their data for the 1st quarter.

Plan

No improvement plan was provided.



Section Three – Outcomes

How do we determine Family Assistance Center Outcomes? – The fine print.

The numbers and data that is reported back to the FACs come from the use of the IDNG Family Program Case Review Form. This form was created using input from the contract company and the FAC Coordinator.

Areas looked at are wither the case was documented within a set timeline, details documented, comments entered among others. See the PQI plan Appendix E for more information.

It was determined during the review process, and by way of the PQI committee, that they review form was not adequate for the needs of the program and not very user friendly. An improvement plan was written and actioned on. However the form was not completed in time to be used this quarter. It will be utilized next quarter.

How do we determine Family Readiness Outcomes? – The fine print

The numbers and data that is reported back to the Family Readiness Assistants (FRSAs) come from the use of the IDNG Family Program Volunteer File Form.

Areas looked at are appointment letters, positions descriptions, applications, code of conduct among others. See the PQI plan Appendix F for more information.

How do we determine Child and Youth Program Outcomes? – The fine print.

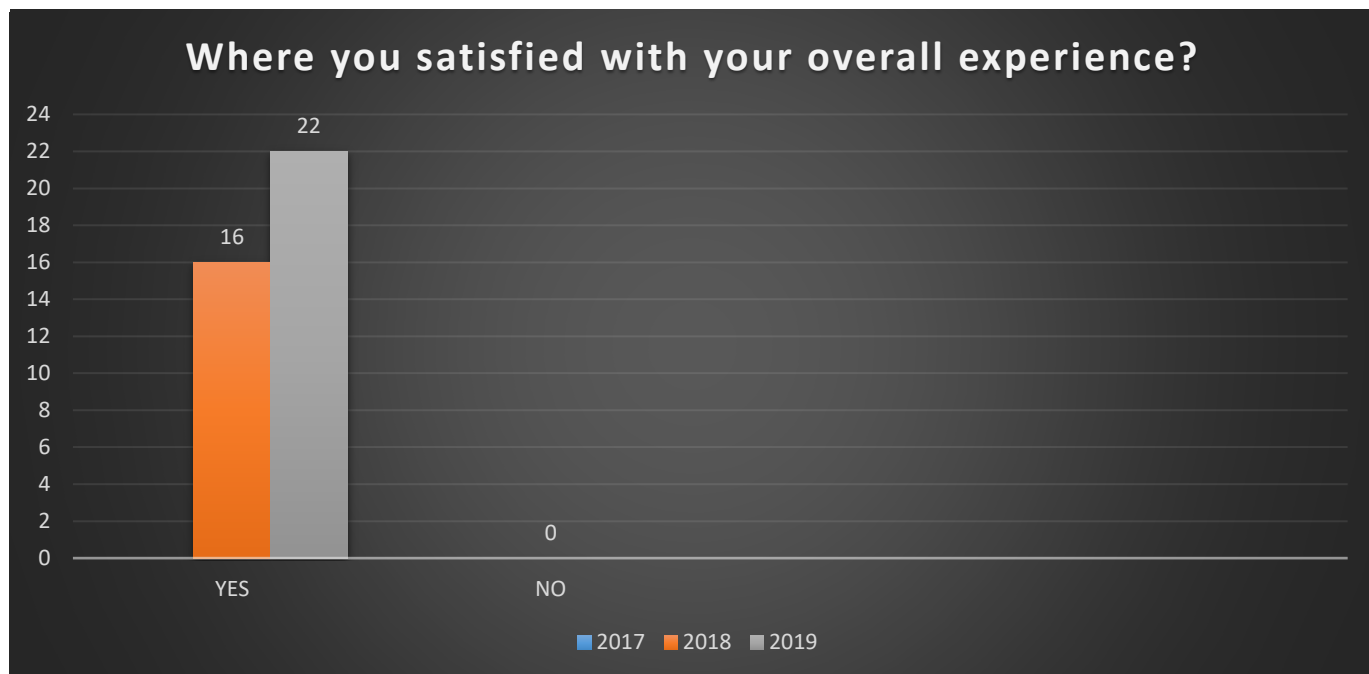
The numbers and data that is reported back to the Child and Youth Coordinators come from the use of the IDNG Family Program Volunteer File Form.

Areas looked at are appointment letters, positions descriptions, applications, code of conduct among others. See the PQI plan Appendix F for more information.

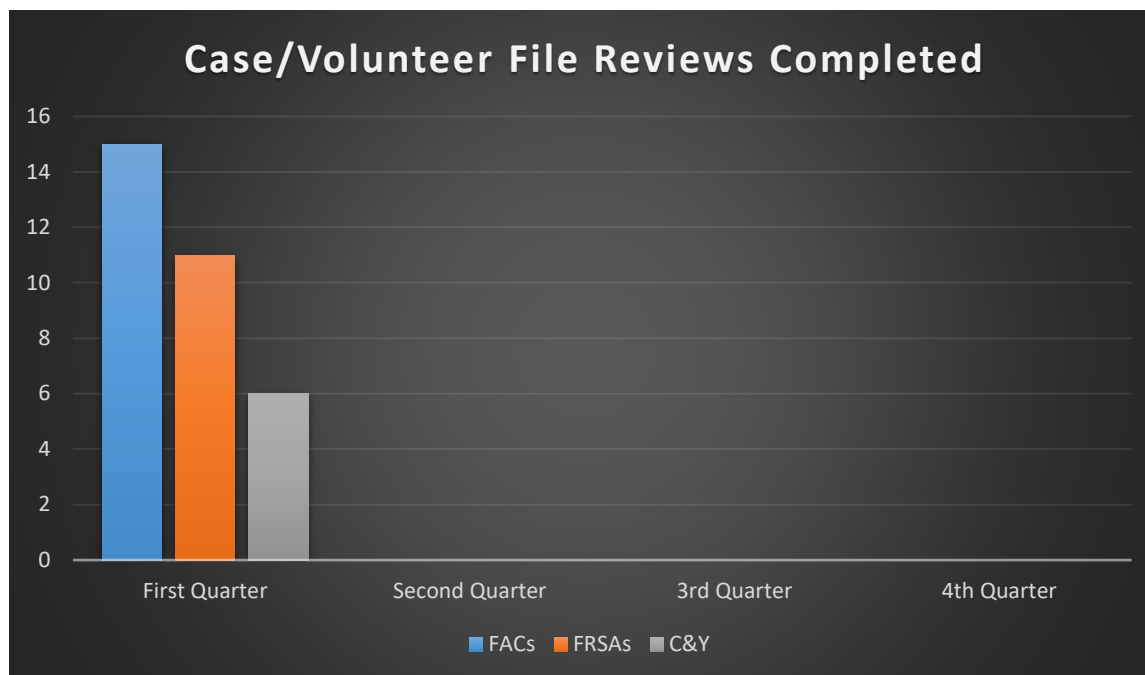
How do we determine Yellow Ribbon Outcomes? – The fine print.

The numbers and data that is reported back to the FACs come from the use of the Interactive Customer Evaluation (ICE) website and After Action Reviews (AARs).

The Yellow Ribbon program did not have any data to report for this quarter.



Section Four – Random File Reviews



Each program is to review a percentage of their case/volunteer files each quarter (see PQI Plan for breakout). This chart will track if they are in compliance with that plan. This chart is only showing the total numbers of the files reviewed.

Section Five – Client Satisfaction

ICE Customer Comments:

“Cassandra goes over and above to provide a top of the line quality of service to each of her families. She makes you feel like your issues are just as important to her as they are to you, and she is available to assist no matter what time of day. She is an incredible asset to the unit. She helps so many people daily - most of which goes unnoticed.”

“Cassandra does a wonderful job serving. We are all grateful for her.”

“Cassandra, you’re you do such an amazing job and have a heart of gold. Your passion for what you do clearly shines through. I’m very thankful the post falls guard family has you. Merry Christmas and god bless! The Wurtz family”

“This program was a god send for me. As a recently divorced mom of 5 (and a little one on the way), full time college student, working full time...i needed help getting on my feet. Opening the doors to vets like myself to help in our time of need is so wonderful and i am eternally grateful for all the help. For the first time in a while, i feel like this Christmas will be full of real love and cheer because of all the wonderful people (volunteers) that helped to make it special. Thank you and god bless all of you!”

AAR Event Customer Comments:

None submitted this quarter.

Section Six – Improvement Plans

Because the PQI Committee decided to have the programs create a yearlong improvement plan that would be reviewed each quarter.

1. The first improvement plan is one for the entire programs. It was completed by the SFPDD (MAJ Self). It covers:
 - a. Family Readiness - currently under the 85% NGB standard.
 - b. Marketing - feedback has shown that a significant amount of SMs and Families do not know about the services provided by our program.

- c. Credibility - Commanders, especially at lower levels, have not "bought" into the program.
 - d. Recruiting - Family Readiness as well as Child & Youth struggle to get enough volunteers.
 - e. Professionalism - 2018 was the starting point for focusing on training, it struggled to get complete participation.
- 2. The Child & Youth program utilized volunteers of varied backgrounds to support residential camps, events/activities, regional youth groups and the Teen Leadership Panel. The utilization of approved adult volunteers has increasingly been a challenge due to deployment cycles, over-utilization, qualified and committed volunteers. This decrease has caused for service members to be required to attend events/trainings to ensure the continuity of the program. Attention need to increase regarding marketing needs, requirements, training, and overall roles and responsibilities within the program.
- 3. The Yellow Ribbon program has not provided any new improvement plans.
- 4. The Family Readiness Program submitted a plan that covers”
 - a. The FRSA Team continues to see improvement in complete Volunteer and Family Readiness Liaison (FRL) paperwork, however there are still many incomplete files and missing Appointment Memorandums; Many units do not have FRL's identified.
 - b. While most of the Volunteers have received the required FRG Training, many FRLs and some Commanders have not had this training due to Changes of Command and lack of time.
 - c. Facilitate JSS registration for your Volunteers; National Guard Bureau would like to have all volunteers register their hours in JSS. We have several that still need to be registered.
 - d. The FRSA Team is working to get family contact information from our units. All FRGs are required to have a phone tree and email roster; in Idaho we are showing under 25% compliance at this time.

Sections Seven – Recognition

Section Eight – Miscellaneous Information

Section Nine – Future Plans

The IDNGFP continues to focus on customer satisfaction. It appears a solution to the ICE survey issues has been found. The next hurdle is to get the staff to ensure that clients fill out the brief surveys. Next the IDNGFP will shift focus to marketing the program.

Contact Us!

If you have any feedback about this report, please contact us via email or phone

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