



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 form others. If you have ideas on how this document can be improve, 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 out outputs. A red dot signifies an area that does not meet our bench marks (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.

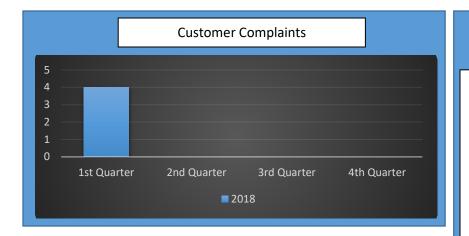


The PQI Committee has begun using other sources, aside from the DoD ICE, to receive customer feedback. There has been a noticeable increase in the amount of surveys received. Feedback continues to come in from the 3rd party source and less from ICE.



DNM/IP/MB

While the IDNGFP can say it is meeting the benchmarks for quality of customer service, the data provided does not give a full view of the quality. The customer feedback is all positive. While this is what we strive for, if we do not receive feedback on improvement when needed, we do not know where we need to improve. The number of surveys dropped dramatically from 2016 to 2017 but we have worked hard to correct that and see the results of that in the first quarter already.



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.





DNM/IP/MB

The FACC reviewed 24 cases for this quarter, this was an increase from the previous quarter. A standard of 85% was set as a passing review. 19 cases meet that standard. We are closer to having all cases pass.

Plan

Trends this quarter were seen in a lack of uploading required documentation. This was contributed to the down time of the FMP program.



FRG 10 8 9 10 6 4 5 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr Pass Fail Pass Fail

DNM/IP/MB

Both the SFRSA and Lead C&Y Coordinator continue to show remarkable improvements in their files.

Plan

The C&Y program had a reduction in file reviews this quarter but still scored 100% on each. The FRG program had an increase in the number of files reviewed. They had a slight decline in the passing rate. This was due to volunteers that had changed roles and needed additional paperwork done on their files.



Quality of Strategic Plan 5 4 3 2 1 0 2018 2019 2020 2021 Benchmarks Meet Benchmarks Failed NA

DNM/IP/MB

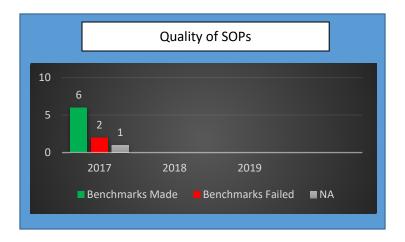
The IDNGFP wrote and published a strategic plan for the first time to meet the standards for accreditation.

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.





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.

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



Quality of Case Records (ANG) 1.5 1 0.5 0 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Plan

No improvement plan was provided.

DNM/IP/MB

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



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.

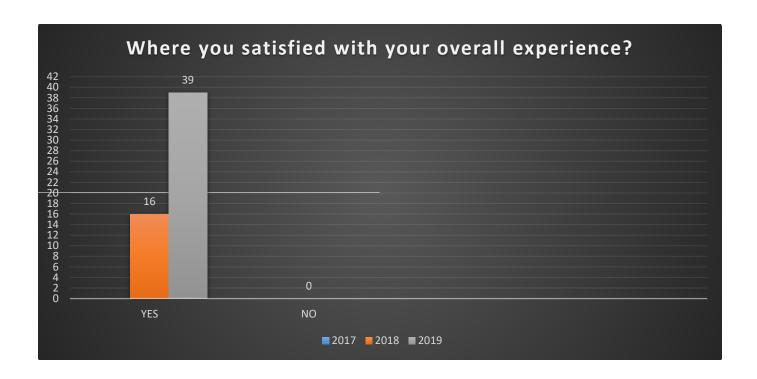
The numbers and data that is reported back to the Child and Youth Coordinators come from the use of the IDNG Family Program Volunteer File Form.

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

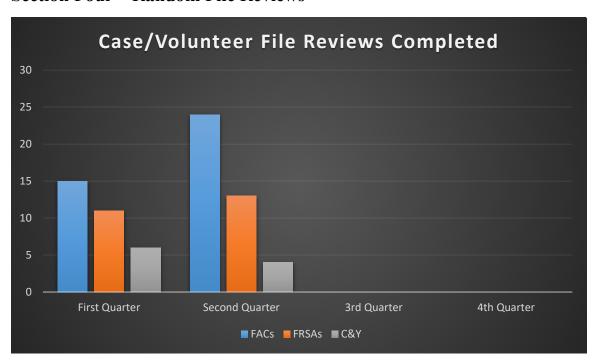
How do we determine Yellow Ribbon Outcomes? – The fine print.

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

Customer Comments:

"The FAC folks here in Idaho went above and beyond to assist getting a wayward soldier into a drug treatment program. They took time out of their personnel lives outside of normal business hours to deal with a stressful situation. The results were that the individual in question is receiving the medical and mental health care that may save his career and potentially his life. As a 1SG in the IDARNG I appreciate the assistance and expertise that these individuals bring to the table. They are well versed in programs that can be accessed by National Guard members that are not necessarily common knowledge to all command teams or Soldiers. This is an important distinction because every situation is fluid and there is no standard application every time. Their professionalism and care that they showed for this wayward Soldier was inspiring. Thank you for all your help."

"I came to Cassandra in somewhat of a panic needing help with finding a job. Finances were running low and I was nearing the end of my ropes. after sending her a message late one Saturday evening, she replied almost immediately even though it was far outside business hours. She immediately provided me with proper coaching and techniques for interviewing as well as some recommendations for how to proceed with jobs ive already applied for. Two days later Cassandra contacted me with an interview lined up with an employer I had never heard of. I met with the employer during the interview, and based of Cassandra's reference they hired me on the spot. Cassandra placed me in a job field doing something I would have never considered doing -but I feel that this is the perfect job for me and I see a long career working with the company. had it not been for the fac office, the level of care and timely resource coordination I would probably still be looking for work! this is an invaluable resource and i'm grateful for the level of care and attention Cassandra places in her soldiers on a continuous basis."

AAR Event Customer Comments:

North Idaho Open House:

The panel was a good option

Inviting commanders/Service Members

Positives in volunteering

Better communication and recruitment

More time needed

Scenario based trainings

How to FRGs support families when not deployed?

Marketing!

South West Idaho Open House:

Getting more attendees – off or on drill weekends?

More time

Hand outs for families

Recruiting ideas

More information about services (Tricare)

Acronym training

Child and Youth curriculum

Teen speakers

How to include Service Members

Communication with families

C&Y Teen Leadership/Volunteer Conference:

Look into a nicer venue

More hands on/interactive activities

Competitions

C&Y MOMC 5K:

51 attendees – surpassed a goal

Scheduling for next year – get as many participants as possible – maybe combine with Easter Egg Hunt.

Continue with TAG memo for Purple Up Fridays

Marketing – continue what was done

Get leadership reminders and better support

More youth and staff in the running

C&Y Boise/Western Idaho Youth Group Easter Egg Hunt:

Estimated 213 participants

Marketing – continue

Issues with track usage – make sure request is in and enforced if needed

Possible to combine with MOMC 5K

Section Six – Improvement Plans

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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