

2010

JEWISH FAMILY & CHILDREN'S SERVICE

ANNUAL BOARD PQI REPORT

This summary report is focused on performance and quality improvement (PQI) at Jewish Family & Children's Service in 2010. This report involves all areas of the Agency and is intended to demonstrate a process that continually evaluates organizational activities to ensure best practices in all of the Agency's services.



ANNUAL BOARD PQI SUMMARY REPORT FOR 2010

TABLE OF CONTENTS

Introduction	2
Key Demographics of Clients Served	3
Stakeholder Participation and Input	4
Update on Long-Term Strategic Plan	10
Update on Short-Term Program/Services Plans	13
Update on Service Delivery by Program	
Chaplaincy	14
Child Abuse Prevention Program (CAPP)	16
Children's Service Fund (CSF)	18
Clinical Services	20
Elderlink St. Louis	23
Financial Assistance	25
FMHC Counseling	27
Harvey Kornblum Jewish Food Pantry	32
In-Home Services/Homemaker Program	34
Jewish Connections	36
Transition Strategies	37
Penetration of Programs in St. Louis Jewish Community	39
Case Record Review	40
Consumer Satisfaction	41
Risk Management, Corrective Actions Taken and Results	43

INTRODUCTION

The following summary report is a retrospective focused on performance and quality improvement (PQI) at Jewish Family & Children's Service in 2010. This report involves all areas of the Agency and is intended to demonstrate a process that continually evaluates organizational activities to ensure best practices in all of the Agency's services.

The report contains nine subsections. The first subsection provides a demographic overview of clients served in 2010; and, the remaining eight subsections each address one of the essential activities of the Agency's PQI process. Broadly, the report generates information useful in planning for 2011.

The following key questions were developed in the PQI Committee as the foundation underlying the data gathered and analyzed for this report. These questions focus on areas of importance both to Agency Management, as well as, its Board of Directors.

Key PQI Questions:

- *Is the Agency effective and efficient?*
- *Has the Agency shifted emphasis from one target population to another?*
- *Where is the Agency now focusing its services and why?*
- *What is the overall level of workforce satisfaction?*
- *How can the workforce be helped to incorporate change?*
- *How can the Agency grow resources in 2011?*
- *How could the Agency maintain quality services in the event of additional or fewer resources?*

PQI Committee Members

Mary Hoke, Chair
Fred Steinbach, Board Representative
Cathy Steele, Board Representative
Petie Karsh, Board Representative
Liz Linkon, Board Representative
Karen Suroff, Board Representative
Barbara Barnholtz
Della Benham
Lori Goldberg
Larry Goldman
Martha Kreipke
Ai Ling Nunn
Amethyst Roberson

KEY DEMOGRAPHICS OF CLIENTS SERVED

In 2010, JF&CS served more than 118,552 individuals (compared with 85,375 in 2009) through all services and programs that reached across the Greater St. Louis Metropolitan Area.

From the data collected on clients*, we know that:

- **155 different zip codes were reached (compared with 140 in 2009) Note: there are over 192 zip codes in St Louis City and St. Louis County alone.**
- **52.2% identified as Jewish (11,517 households) - (compared to 66% or 9,453 households in 2009)**
- **34.3% were children - under the age of 18 (compared to 33.3% in 2009)**
- **48.9% were adults - including special needs adults (compared to 34.7% in 2009)**
- **16.8% were elderly - over the age of 65 (compared to 32% in 2009)**
- **84.8% had annual incomes below \$20,000 (compared to 84.7% in 2009)**
- **3.6% had annual incomes above \$50,000 (compared to 3.2% in 2009)**

* refers to clients where client records are opened and/or individual demographic information is collected.

STAKEHOLDER PARTICIPATION AND INPUT

Stakeholders include clients served, employees, volunteers, members of the Board of Directors and Committees, funders, donors and others who may have an interest in the Agency.

While informal feedback is solicited as a part of the Agency's day-to-day activities, there are several formal mechanisms in place to gather input from clients and employees.

Clients

See page 41 for analysis of 2010 consumer satisfaction survey data.

Employees

Employee Surveys

During 2010, Employee Opinion Surveys were conducted in February, June and December. (Employees may complete surveys online using the Survey Monkey service, or may complete the survey using a paper form that is then entered manually).

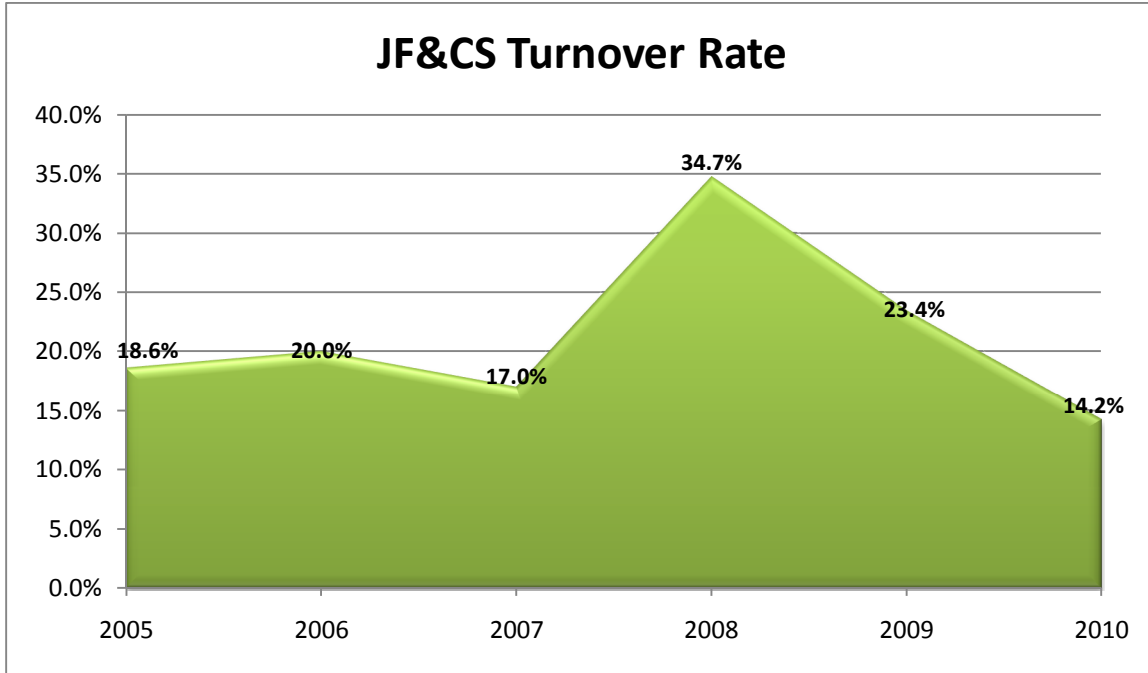
Response rates were fairly consistent with prior years. In February and June there were 37 responses. There were 44 responses in December, largely due to an increase in staff.

The employee survey focuses on three key relationships which impact employee engagement: the relationship of the employee with JF&CS/Senior Management; the relationship of the employee with his/her immediate supervisor; and the relationship of the employee with co-workers. While looking at these relationships, the survey looks at (1) feelings about communication within the organization; (2) general feelings about mutual helpfulness of co-workers; (3) feelings of job alignment with the strategic goals of the agency; (4) pride in the organization; (5) feelings of support for meeting personal and work goals. The numeric scores on the surveys are designed to indicate if the agency is on the right track. Additional feedback is provided on the survey via free form comments.

Follow up employee surveys revealed that the most important issues for staff were the relationship with the immediate supervisor, communication and compensation. We are expanding supervisor training related to effective communications, procedures, and employee performance management.

Comments on the December survey highlighted some of the issues for staff and for client service that are related to rapid growth. For example, lack of parking space. Moving ahead, we will conduct surveys two times per year . in June and in December.

Employee Turnover Analysis (2005 . 2010)



2010

Terminations (Voluntary and Involuntary)

8

Number of Employees

56 (does not include open positions)

Turnover rate:

14.2%

Reasons:

- Took another job: 1
- End of funding: 1
- Personal: 4
- Performance: 2

2009

Terminations (Voluntary and Involuntary)

11

Number of Employees

47 (does not include open positions)

Turnover rate:

23.4%

Reasons:

- Took another job: 4
- End of funding: 3
- End of PRN need: 1
- Personal: 1
- Performance: 2

2008

Terminations (Voluntary and Involuntary): 17
 Number of Employees 49
 Turnover rate: 34.7%

Reasons:

Reorganization: 3
 PRN no longer available/interested: 2
 Performance: 3
 Personal: 5
 Took another job: 4

2007

Terminations (Voluntary and Involuntary): 8
 Number of Employees 47
 Turnover rate 17%

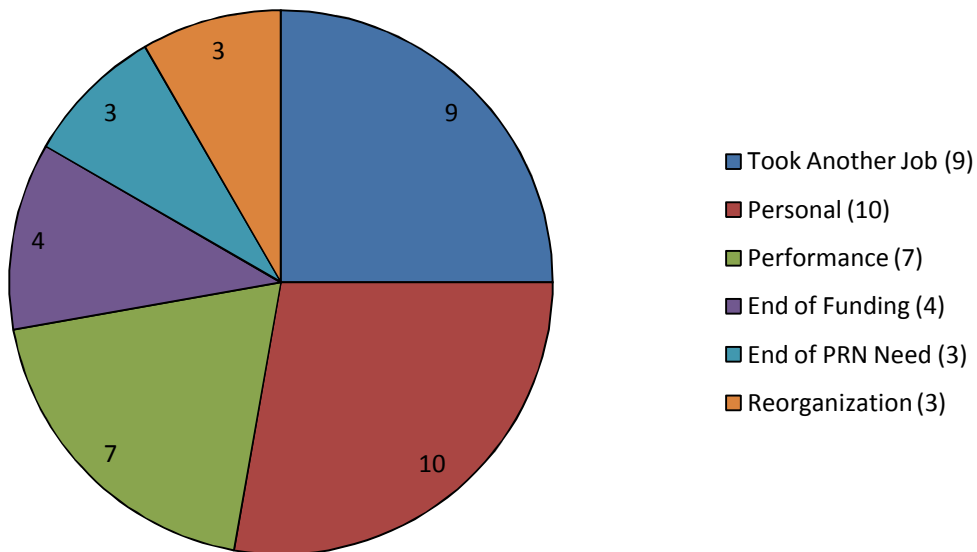
2006

Terminations (Voluntary and Involuntary): 9
 Number of Employees 43
 Turnover rate 20%

2005

Terminations (Voluntary and Involuntary): 8
 Number of Employees 43
 Turnover rate 18.6%

Turnover Reasons (2008-2010)



Volunteers

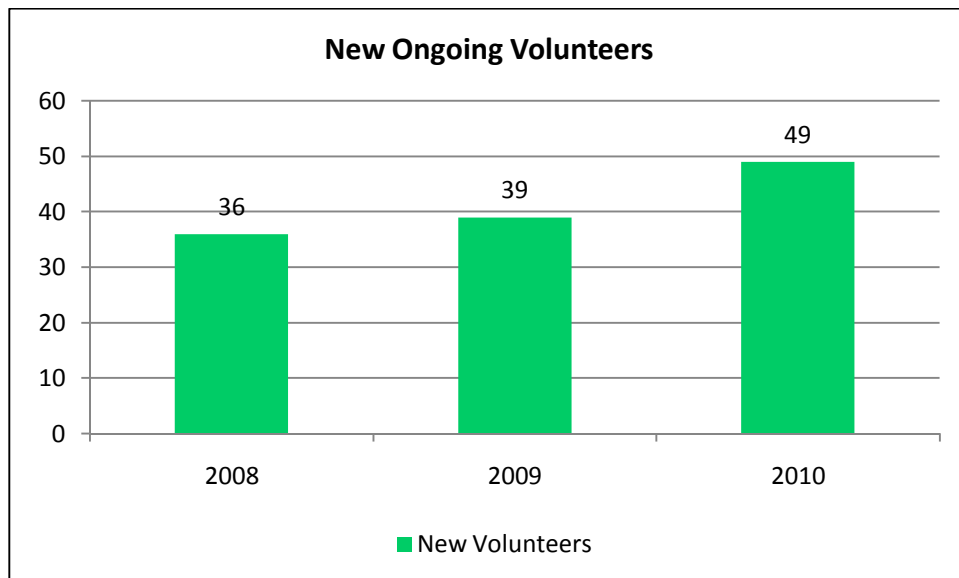
2010 was characterized by tremendous growth. JF&CS agency programs, specifically the Harvey Kornblum Jewish Food Pantry, served record numbers of clients. The increases place pressure on the volunteer program to grow as well.

Volunteer Recruitment

At the end of 2008 we had 73 active volunteers; in 2009 we finished the year with 91. At the end of 2010, we have 131 active, ongoing volunteers. During 2010, volunteer recruitment was the top priority in the program. The recruitment focus was on the Harvey Kornblum Jewish Food Pantry and Chaplaincy. Our goal for Chaplaincy was to have ten active volunteers in the program. We finished the year with 8, so we did not reach our goal. Throughout the year, interest in the program did increase.

In 2010, we received 221 telephone requests and 186 email requests for JF&CS volunteer information. A grand total of **407 contacts** were established. That is an average of 34 inquiries per month. The 407 contacts led to 46 new, active volunteers equaling 10% of the contacts.

We acquired 49 new volunteers in 2010. This number includes new, ongoing individual volunteers. Throughout 2010, we lost 13 active volunteers. We also had 4 Financial Assistance volunteers become inactive since their program responsibility ended. The JF&CS volunteer retention rate remains extremely high at 91%. The national volunteer retention rate, as determined in 2007 by the Corporation for National & Community Service, is 66%. Our number continues to be much higher than the national average.



Volunteer Communication

We actively enhanced the frequency and diversity of volunteer communication in 2009/2010. Agency staff who supervise volunteers promote open door communication. These practices are now in place:

- 90 day new volunteer check-ups
- Annual volunteer evaluations
- Volunteer newsletter distributed twice a year.
- Volunteer email communication is sent at a minimum of twice/month.
- Quarterly volunteer meetings to review policies, talk about changes, and socialize.
- Volunteer feedback focus groups were convened once in 2010.

New in 2010, volunteer committees formed to target specific program initiatives. Throughout the year, volunteers have worked on committees to study different program areas. For example; a food pantry volunteer committee was formed to study if the client appointment system was effective.

New in 2010, anonymous volunteer surveys completed on Survey Monkey. Our first ever on line volunteer survey was conducted in July 2010, the response was excellent. Overall, volunteers are extremely satisfied with their experience. Criticisms primarily related to the need for more space. Another survey is planned for the spring.

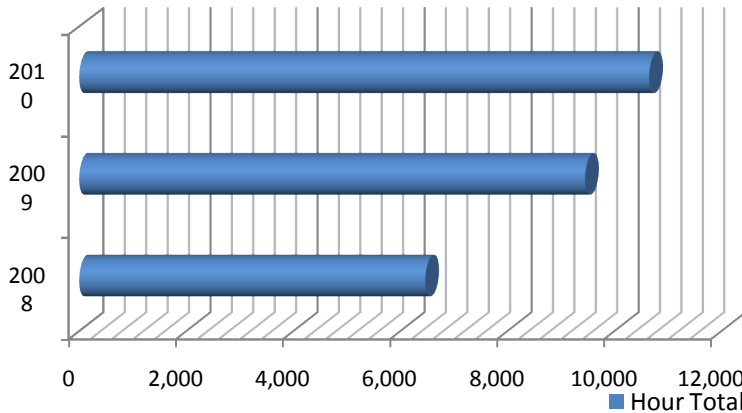
Volunteer Service Hours

The JF&CS Volunteer service hours for 2010 are listed below by program area:

<u>Program Area</u>	<u>Contributing Volunteers</u>	<u>2010 Service Hours</u>
Chaplaincy	8	110 hours
Administrative	2	160.25
Food Pantry	133	10,382.25 hours
Program Total:	143 volunteers	10,652.50 hours*

*These hours do not include students, groups or individuals completing community service hours. If we added these totals, we would have an additional 3,000+ volunteer hours.

Volunteer Service Hour Total



Volunteer Hours Not included in yearly total (i.e. episodic):

Hanukah Hugs	110 volunteers	550 hours
Groups	1,000 volunteers	3,000 approx. hours

Board of Directors/Committee Members

Based on the results of a 2005 survey of the Board of Directors, beginning in 2006 and continuing through 2010, more education about programs and financial reports was implemented with the goal of increasing confidence and Board participation in discussions. In addition, during the past year, the Executive Director has been meeting individually and experimented with small groups of Board Members to explore in depth specific topics of importance to the Agency.

Funders/Donors

Several of the Agency funders (United Way and Jewish Federation) provide formal feedback as part of the allocations process. Many foundations require a six-month and/or year-end report and provide feedback through informal mechanisms such as face-to-face meetings and phone calls with program staff. Government funders (such as the State of Missouri) withhold final reimbursement of funding until all objectives in the contract are completed. Donor feedback is gathered in a variety of ways. Often, a donor will speak with the Development Director or other staff to share positive (as well as negative) experiences with the Agency. This information is shared at PQI Meetings, with senior management and the Board President. As needed, corrective action is put into place immediately following feedback. Progress is reported at the subsequent PQI meeting and senior management meeting.

General Community

Feedback from the general community was gathered formally through written surveys during Jewish Connection events, as well as other agency groups. Questions posed to participants focused on defining unmet needs in the community and identifying other community resources for support. Under the auspices of Jewish Connections both an in-person and online survey was implemented to determine current needs in the area of community education. In addition, we continue to look at the needs of Jewish prisoners and their families as a part of Jewish Prison Outreach.

Jewish Family & Children's Service

STRATEGIC PLAN 2010 - 2013

MISSION

Inspired by Jewish tradition, Jewish Family & Children's Service provides quality social services to the Jewish and general communities empowering people in need to meet the challenges of daily living.

CORE VALUES

(A draft will be prepared after additional deliberations by an ad hoc Board committee.)

STRATEGIC GOALS

- ***Increase JF&CS visibility in the Jewish Community***
- ***Strengthen Board and Volunteer Engagement***
- ***Increase and Diversify Revenues***
- ***Determine Agency Capacity***

TIMETABLE FOR IMPLEMENTING/MONITORING STRATEGIC PLAN

May 2010: Board Approves Strategic Plan

September 2010: Board Receives Report on Action Plan Progress

November 2010: Board Receives Report on Action Plan Progress

January 2011: Board Receives a Report on Action Plan Progress

March 2011: Board Receives a Report on Action Plan Progress

May 2011: Board Receives a Report on Action Plan Progress, Board Instructs Strategic Planning Committee/Staff To Review Each Action Plan and Determine Its Present and Future Status (Completed? To Be Continued? To Be Cancelled?) and To Develop 8-12 Action Plans (2-3 per Strategic Goal) To Be Implemented Between September 2011 and May 2013.

September 2011: Board Approves Status Designation (Completed? To Be Continued? To Be Cancelled?) for Action Plans in Original Plan. Board Approves New Action Plans.

November 2011 - May 2013: Board Receives a Report at Each Meeting on Action Plan Progress

May 2013: Board Develops Process for Developing New Four-Year Strategic Plan

September-December 2013: New Strategic Plan Developed

January 2014: Board Approved 2014-2017 Strategic Plan

ENVIRONMENTAL SCAN

Internal Strengths

Staff: Dedicated, Competent, Compassionate, Committed; Programs: Quality, Range, Reputation; Executive Director: Leadership, Competent; Committed Board: Dedicated, Passionate; Committed Organizational Processes: Well-Established, Clear, Evidence-Based; Volunteers: Passionate; Committed Community Support/ Recognition Mission: Worthwhile, Important Signature Program (Food Pantry), Support from United Way and Jewish Federation, Agency Longevity; Donors: Involved, Generous; Jewish Tradition/Identity; Facilities: Adequate for Current Activity Level

Internal Weaknesses

Funding Uncertainties; Some Board Members Insufficiently Involved /Informed; Marketing/Public Relations: Improving But Still Insufficient; Internal Communications: Board/Executive Director/ Staff; Understaffing: Accounting/Clerical Areas; Indecisive/Slow to Eliminate Underperforming Programs; Indecisive/Slow to Discipline Ineffective Staff; Difficulty Setting Priorities Given High Number of Programs; Lack of a Succession Plan

External Opportunities

Greater Visibility for Agency and Its Programs; More Collaborations/ Partnerships with Other Agencies; Growing Demand/Need for Services (Especially for Older Adults and Children); Access to the Children's Services Fund; Economic Recovery Possible; Growth in Federal Grants for Social Services; Expand Donor Base; Growing Volunteerism

External Threats

Possible Reduction in Jewish Federation Funding; Possible Reduction in United Way Funding; Inability To Meet Greater Service Needs (How Make Choices?); Extended Economic Downturn; Reductions in Government Funding; Replacing Key Staff (Impending Retirements); Possible Reduction in Individual/Corporate Giving; Possible Reduction in Number of Volunteers; Possible Dilution of Jewish Identity

UPDATE ON LONG-TERM STRATEGIC PLAN (2010-2013)

The Board adopted the new strategic plan covering the period 2010-2013. Steps for implementation have been assigned to the various committees and/or staff members designated. Update reports have been made to the Board by the Vice President-Strategic Planning focusing on one goal per meeting. Still pending is creation of a task force to draft a statement of core values.

Update on Board Giving:

From 2009 to 2010, Board giving overall increased by \$5,187 or 19%. On an individual basis, for those who were on the Board both in 2009 and 2010, 55% increased giving by 10% or more, 5% remained level with 2009, and 23% decreased by 10% or more. The board achieved 100% participation.

Update on \$1,000+ Donors:

The number of \$1,000+ givers in 2010 was 145 compared to 159 in 2009. The amount of 2010 gifts in this category was \$439,800 compared to \$530,442 in 2009. These totals do not include bequests or grants.

UPDATE ON SHORT-TERM PROGRAM/SERVICES PLANS

During the fall of 2010, the Agency Services Committee met to review and evaluate Agency programs. A priority matrix was again updated and utilized in scoring and ranking agency services based on service priorities established by the Board (population served, community gaps, sustainability, market potential and community impact). From their review, recommendations are made to the Finance committee for consideration during the budgetary process. The 2010 recommendations included maintaining a focus on elderly and children (per Agency priorities).

As a part of short-term planning, on a monthly basis, the Assistant Executive Director-Programs, Manager of Clinical Services, and Manager of Community-Based Services reviews each Program Coordinator's report that outlines issues related to overall Agency and program planning including (1) evaluation of progress against program performance targets (2) operational or program problems/concerns including evaluation of progress against program goals (3) review of client satisfaction data and client outcomes data (4) review of program revenues and expenses against program budget (5) recommendations for implementation of program improvement plans modifications. These reports are used by management and Board Committees as tools for decisions regarding program planning and service delivery. In addition, they are used as a tool for measuring goal achievement and overall Agency impact at year-end.

UPDATE ON SERVICE DELIVERY BY PROGRAM

CHAPLAINCY

Program Goal

To identify Jewish elderly living in out-of-home settings; enhance the quality of life of Jewish elderly living in out-of-home settings.

Resources

The Chaplaincy Program is staffed with 0.78 FTE and 8 parachaplain volunteers.

Outputs/Outcomes

The Program provided services to 437 individuals (unduplicated) as follows:

- 2,155 individual appointments within 43 different facilities/private homes/hospitals.
- 48 group meetings
- Outreach to 79 facilities

The Program also provided:

- 110 hours of service to residents by volunteers **
- 109 contacts with family members of residents
- 371 supportive phone/written contacts with residents
- 110 referrals for clinical assessment/consultation

**Source of Data . Coordinator of Volunteers

Impact

The Chaplaincy Program demonstrated significant positive impact relative to the program goal.

Unit Cost

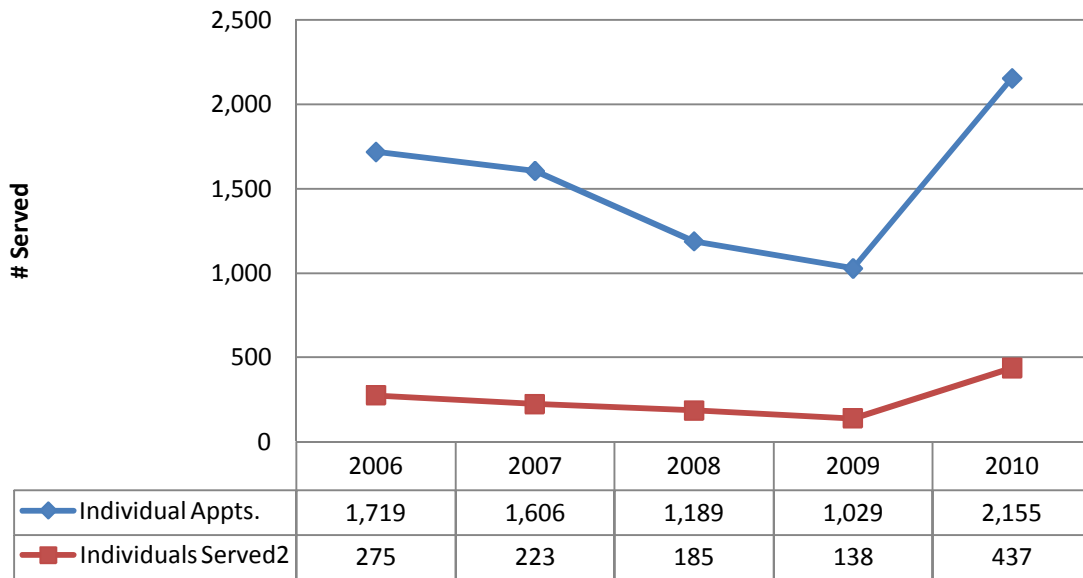
\$ 23 per visit (direct cost) (*was \$61 in 2009*)

\$ 34 per visit (with allocated costs) (*was \$78 in 2009*)

COMPARISON OF KEY DATA FACTORS 2006-2010 CHAPLAINCY PROGRAM

CHAPLAINCY	2006	2007	2008	2009	2010	+ or – Increase
Individuals Served	275	223	185	138	437	+217%
Facility Visits	802	868	562	479	516	+8%
Facilities	69	52	50	50	79	+58%
Individual Appointments	1,719	1,606	1,189	1,029	2,155	+109%
Group Meetings	187	175	75	75	48	-36%
Hrs of Svc by Volunteer	205	185	180	145.5	110	-24%
Contact with Fam. Members	60	65	165	10	109	+990%
Supportive Contacts	90	86	120	120	371	+209%
Referrals for Clinical	12	3	10	2	110	+5,400%

Chaplaincy (2006-2010)



Recommendations

Continue active outreach to members of the Jewish Community in skilled nursing facilities. Explore possibility of expanding program to include homebound residents in retirement communities or individual homes.

CHILD ABUSE PREVENTION PROGRAM

Program Goal

Early identification of children at risk of abuse and neglect and education to provide children, parents and teachers the skills to prevent or lessen harm in the instance of an abusive event.

Resources/Activities

The activities of the CAPP program remain focused on the provision of evidence-based child abuse prevention and detection education to children (ages 4-12), parents and teachers throughout the Greater St Louis Metropolitan Area. In addition, *Safe Touch Plus* was implemented for children with disabilities and *Safe Surf* was implemented to provide internet safety training for children and their parents.

In August 2010, CAPP was awarded a contract by the St. Louis County Children's Service Fund (CSF) to reach 50,000 children from August 1, 2010 to December 31, 2011. Out of the 2010 total number of participants (32,360), 15,583 were billable under the CSF contract, i.e. children or adolescents under 20 years of age who reside in St. Louis County.

Outputs/Outcomes

The CAPP program provided 1,301 programs in 2010 to 32,360 children and adults. The vast majority of programs (1,235) were for children with 30,871 children participating. Outcomes demonstrated an average retention in knowledge of 88% from pre to post program. There were 5 consultations provided to teachers about specific at risk children and 54 disclosures of abuse.

Impact

The CAPP Program demonstrated significant positive impact relative to the Program Goal.

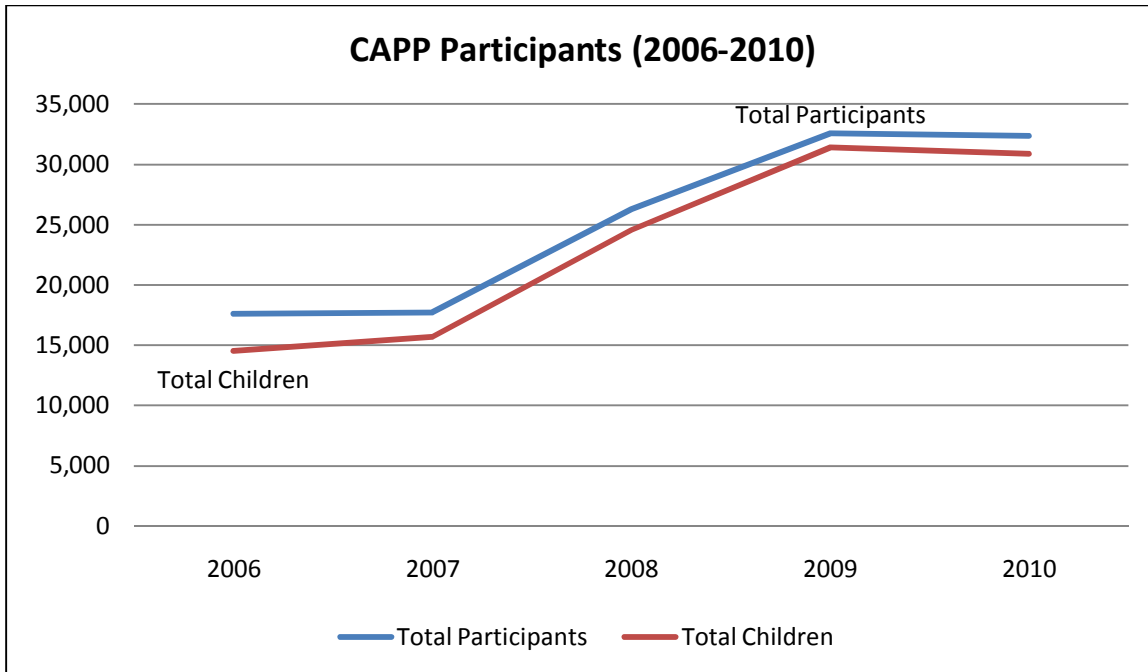
Unit Cost

\$ 6 per person (direct cost) *(was \$7 in 2009)*

\$ 8 per person (with allocated costs) *(was \$9 in 2009)*

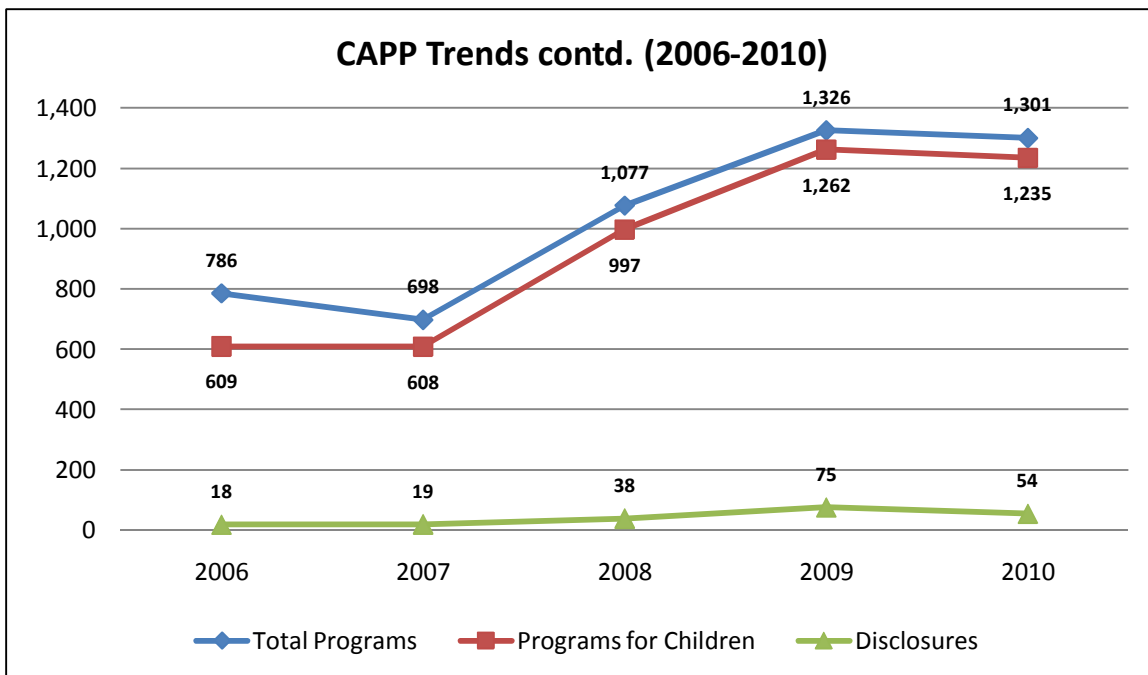
COMPARISON OF KEY DATA FACTORS 2005-2009 CAPP

CAPP	2006	2007	2008	2009	2010	+ or - Increase
Total Programs	786	698	1,077	1,326	1,301	- 1.9%
Total of Participants	17,616	17,729	26,264	32,607	32,360	- 0.8%
Programs/Children	609	608	997	1,262	1,235	- 2.1%
Disclosures of abuse	18	19	38	75	54	- 28.0%
Total # Children	14,513	15,722	24,567	31,398	30,871	- 1.7%



Recommendations

Future plans for the CAPP program include continued efforts to build capacity through grants, collaborations and contracts; increase presence in the local community through marketing and relevant events; continue modification of ETO to enable the gathering and analysis of increasingly sophisticated information; renew the contract with the St. Louis County Children's Service Fund.



CHILDREN'S SERVICE FUND (August 2010 – December 2010)***Individual, Group and Family Counseling Services***

Individual, group and family therapy (with the child present) is offered for counseling issues. Psychological Testing is offered in the following categories: psycho diagnostic assessment (such as school readiness testing); developmental and behavioral assessment (to identify children who should receive a more intensive assessment); psycho educational assessment (a full battery covering multiple areas of functioning and personality). School-based services are offered including observation of children; individual short-term interventions with children; group programming for children and/or parents; crisis response; interdisciplinary staffing; information and referral; and educational presentations to parents.

Project Name	Total # of Units Available 8/10 to 12/11	# of Units from 8/1/10 to 12/31/10	% Remaining
St. Louis County Public Schools	10,000*	349.2	97%
Testing	1,200*	129.5	89%
DBT	2,880*	432.4	85%

* Units are measured by the number of sessions by hours.

Home and Community-Based Intervention Services

School-Based on-site counseling and consulting services are offered to seven (7) Jewish Day Schools and two (2) Early Childhood Education sites that provide education - including to children with special needs. Services include: consultation with administrators, teachers, and parents; observation of children; individual short term interventions with children; group programming for children and/or parents; crisis response; interdisciplinary staffing; information and referral; and, educational presentations to parents.

Project Name	Total # of Units Available 8/10 to 12/11	# of Units from 8/1/10 to 12/31/10	% Remaining
Day Schools/JCCs	6,807*	1,207.9	82%

* Units are measured by the number of sessions by hours.

School-Based Prevention Services - The Child Abuse Prevention Program (CAPP)

The Child Abuse Prevention Program (CAPP) curriculum is offered on site at schools, daycare facilities and community organizations in St. Louis County. CAPP teaches child safety, sexual abuse recognition and sexual abuse prevention. The Children's Programs include: Safe Touch Plus (age three and special needs children of all ages); Safe Touch (ages four through six); Safe-T (ages seven through nine); Safe Teen (ages 10 through 12) and Safe Surf (ages 13 through 19). The Children's Programs include identifying private body parts; distinguishing between appropriate and inappropriate touching,

learning and practicing response skills; understanding tricks used by potential abusers; identifying people who can offer help. Safe Surf works specifically to prevent the online sexual exploitation of children.

Project Name	Total # of Units Available 8/10 to 12/11	# of Units from 8/1/10 to 12/31/10	% Remaining
Child Abuse Prevention Program (CAPP)	50,000*	15,583	69%

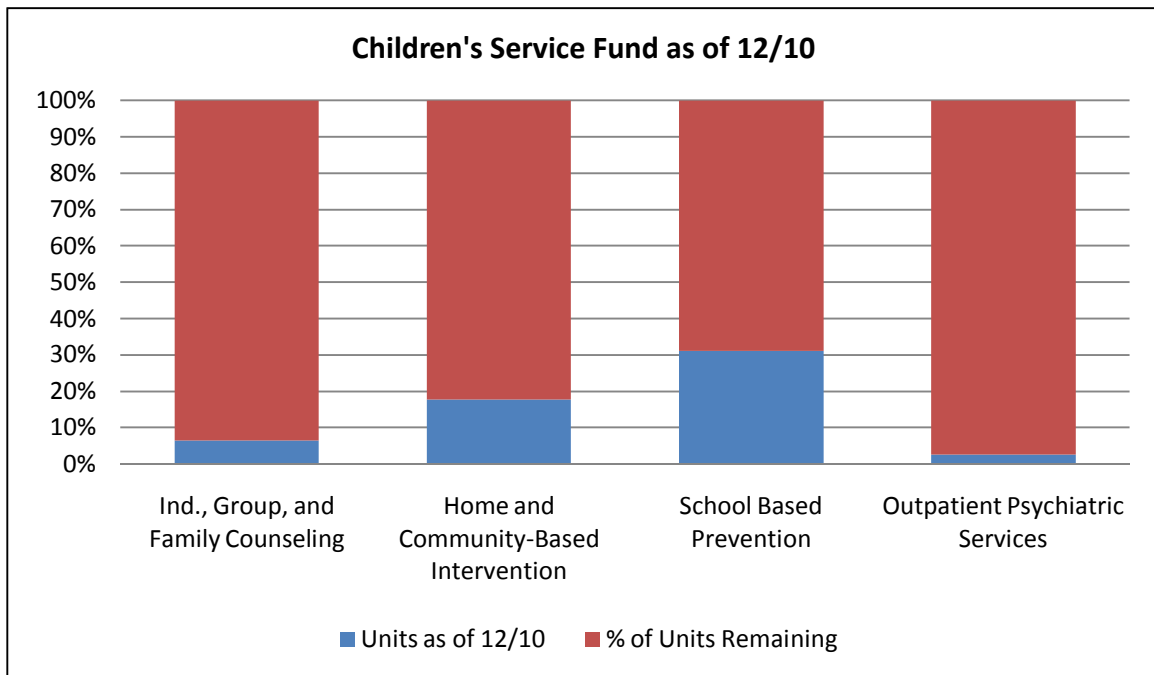
* Units are measured by the number of participants.

Outpatient Psychiatric Services

Services include a comprehensive intake and assessment by a child psychiatrist and an agreed upon treatment plan. Every child or adolescent who receives medication will be monitored by the child psychiatrist and will be seen until the symptoms are stabilized and functioning levels are improved.

Project Name	Total # of Units Available 8/10 to 12/11	# of Units from 8/1/10 to 12/31/10	% Remaining
Child Psychiatry	720*	19	97%

* Units are measured by the number of sessions by hours.



CLINICAL SERVICES

Program Goal

To strengthen and support individuals and families by increasing the level of independent functioning within the individual or family.

Resources/Activities

During 2010, activities of the clinical service area remain focused on the provision of quality clinical care to vulnerable populations such as the elderly, children and families, and those underserved (for example people without insurance) due to gaps in the adequacy and accessibility of community programs/services. In 2010 due to the agency's successful bid for contracts from St. Louis County Children's Service Fund, Clinical Services staff expanded by 7.0 fulltime equivalents to bring on school-based consultants to work with both the Jewish Day Schools and several public school districts. Most of these staff was hired by the second week of November, so that there is some reflection in the statistics of additional children and adolescents served under these contracts.

Outputs/Outcomes

The percentage of time that the clinical staff is providing direct service with clients remains high (i.e., more than 65%). (Note: the direct service percentage or DSR is a calculation of the amount of time spent with or on behalf of clients compared to the amount of possible work hours in a given month.) The mean percent time in direct service for the entire clinical staff for 2010 was relatively consistent with 2009 i.e. an overall average of 74%. The general Clinical Services provided treatment to 725 cases (448 in 2009). In addition, the total number of counseling cases in 2010 served through the Family Mental Health Collaborative (FMHC) was 409 (139 in 2009). An additional 30 (4 in 2009) were served by the Learning and Behavioral Diagnostic Center. The individuals served in 2010 by the Clinical Services, FMHC, Learning and Behavior Diagnostic Center, on-site clinical services and information and referral were 18,015 respectively. The average client fee for Clinical Services was \$41. The average sliding scale fee paid by clients was \$5.50.

Client outcomes range from stabilization to statistically significant improvement in functioning (e.g., behavioral improvement, emotional stabilization, increase in social support, increase in functional status, and decrease in risk). The average change in psychological and behavioral functioning in the clients served by Clinical Services ranged from .5 standard deviation to 1.0 standard deviation. The aforementioned changes were either statistically significant, clinically meaningful or both.

No grievances were logged against clinical staff during 2010. Incident reporting remains higher than previous years based upon serving an expanded client population of mentally ill adults at risk for suicide. (Incident reports typically focus on level of risk of suicide).

Impact

The Clinical Services Program demonstrated significant positive impact relative to the Program Goal.

Unit Cost

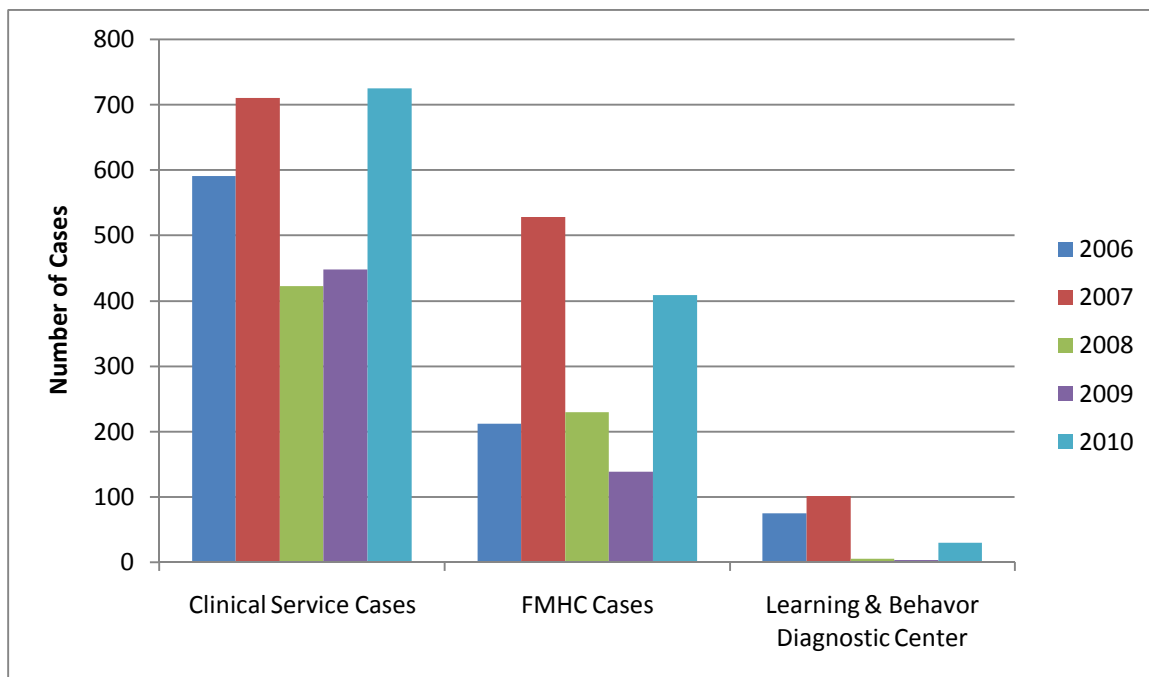
\$ 42 per counseling session (direct cost) *(was \$72 in 2009)*

\$ 54 per counseling session (with allocated costs) *(was \$102 in 2009)*

COMPARISON OF KEY DATA FACTORS 2005-2009 CLINICAL SERVICES

Clinical Services	2006	2007	2008*	2009	2010	+ or – Increase
Cases	591	710	423	448	725	+ 61.8%
FMHC cases	212	528	230	139	409	+ 194.2%
Learning & Behavior Diagnostic Center	75	102	6	4	30**	+ 650%

* *Note: Changes in the number of cases between 2007 and 2008 are due to the new Manager-Clinical Services focusing clinical staff on closing inactive case records.*



Recommendations

As the Clinical Services Program has dramatically increased hours in school-based services under Children's Service Fund (CSF), we began and will continue looking at ways of measuring our effectiveness in school settings. Currently, CSF requires the use of the Pediatric Symptom Checklist (PSC), Global Assessment of Relational Functioning (GARF), and Children's Global Assessment Scale (CGAS). During 2010, Clinical Services staff have reviewed literature regarding various chemical dependency, co-occurring disorders, and posttraumatic stress disorder instruments. We implemented the use of the Simple Substance Abuse screening instrument. During

2011, we will finalize a tool to use for posttraumatic stress disorder and dissociative disorders. Both of the aforementioned are key measurement tools to use in assessing clients with trauma histories to help determine appropriate treatment interventions.

ELDERLINK ST. LOUIS

Resources/Activities

2010 was a year of growth for ElderLink St. Louis. The number of calls increased substantially as the advertising/PR campaign was implemented. In addition, ElderLink St. Louis has partnered with several key agencies and organizations to provide educational programming specifically targeted to potential referral sources as well as potential older adult callers and their caregivers. These include: presentations at Crown Center, Covenant House, Parkview Towers, The Hallmark, The Brentmoor and The Gatesworth retirement communities as well as Shaare Emeth, Temple Israel, Bnai Amoona, Nusch Hari Bnai Zion, and United Hebrew congregations. In addition, a lunch time Link and Learn Seminar Series was developed as another venue for creating visibility for ElderLink St. Louis. Other public relations efforts have included the development of the ElderLink newsletter and the electronic "Did You Know?"

Outputs/Outcomes

The number of callers to ElderLink has increased 8-fold since its original inception. A formal and comprehensive evaluation of the program was completed in June 2010 to coincide with the one-year anniversary of the official launch of the program. This evaluation was presented to the Jewish Federation Senior Service Commission on July 28, 2010. The data obtained in our evaluation highlight the success of the program in achieving our projected outcomes of: 1) A greater number of older adults and their families are aware of community resources and 2) A greater number of older adults and their families are accessing community resources.

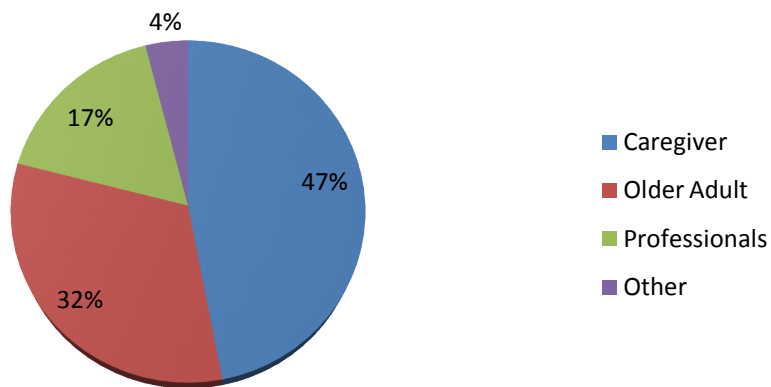
Total number of calls: 1,513 (compared to 657 calls in 2009)

Total number of website visits: 1,154

77% of these calls have been from either a Jewish Community agency or organization or from a caller who states that they are a member of the Jewish Community

Trainings: 37 Jewish organizations, congregations, and agencies have been trained on how to use ElderLink St. Louis and the model for coordinated service delivery

ElderLink - Caller Type



Impact

Elderlink St. Louis continues to demonstrate significant impact relative to the program goal by increasing awareness and accessibility of high quality program goals for older adults.

Recommendations

Continue to aggressively promote and educate the St. Louis Jewish community on this coordinated approach to service delivery by developing new and creative approaches to maintaining the agencies, organizations and congregations. We also plan to intensify our efforts to reach out to older adults and their caregivers directly.

Unit Cost

Cost per call: \$40.46

Average cost per caller (client): \$242.76

FINANCIAL ASSISTANCE PROGRAM

Program Goal

To identify people with financial insecurity; provide financial assistance to prevent eviction and utility shutoff; and to provide financial literacy education to move people to self-sufficiency, if possible.

Resources/Activities

During the past 12 months, the Financial Assistance Program has continued to assist individuals and families who have been impacted by the economic downturn. As a result, there is a sustained demand for information on community resources, referral to services, and direct financial assistance.

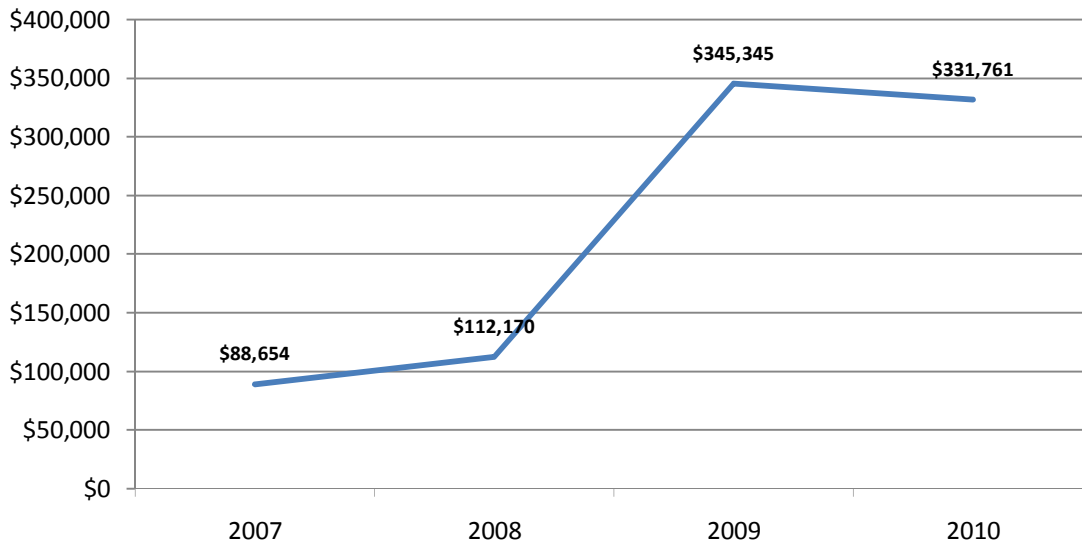
Outputs/Outcomes

In 2010, there were 225 (unduplicated) families served in financial assistance representing 686 family members. In addition, financial assistance clients now need more intensive help for longer periods of time.

Impact

The Financial Assistance Program disbursed \$331,761 total dollars in 2010 to individuals facing eviction, utility shut-off or other unexpected financial crises. The Lifeline Fund was launched in December 2008. It was created by the Jewish Federation and is administered by Jewish Family & Children's Service. The goal of the fund is to provide assistance to Jewish individuals who have recently experienced job loss or business reverses, home foreclosure or the prospect of foreclosure, and currently have urgent financial needs due the downturn in the economy.

Amount of Financial Assistance provided (2007-10)



Recommendations

Research and implement a Financial Literacy Program for Financial Assistance clients and consider more intensive care management services. In addition, a task force of staff and lay leaders has been convened to review the Lifeline fund and develop recommendations for next steps.

Unit Cost

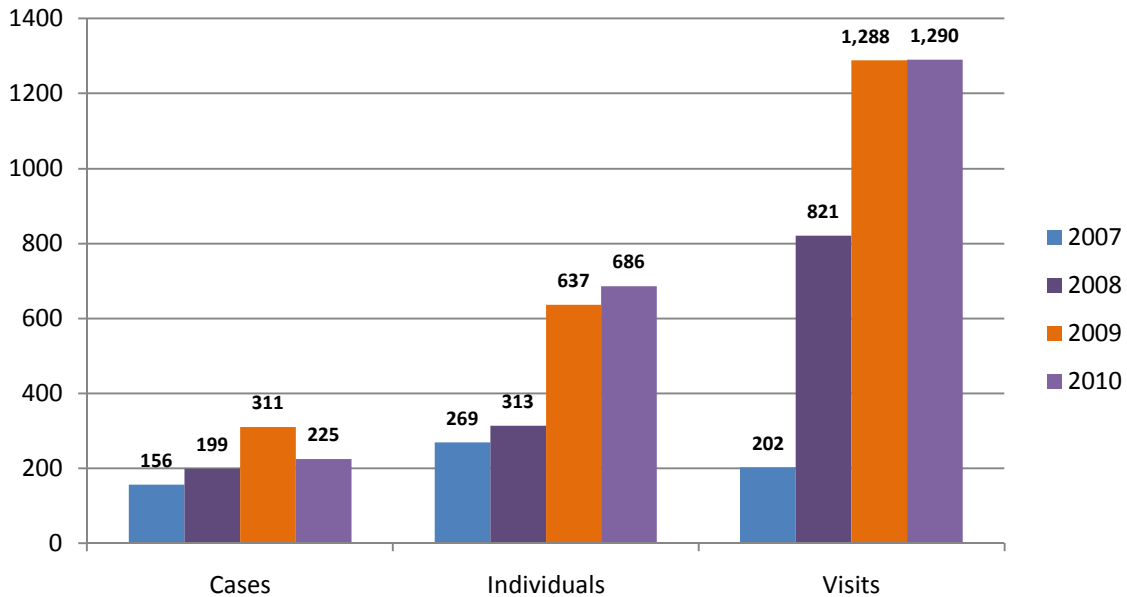
\$ 60 per session (direct cost) *(was \$30 in 2009)*

\$ 111 per session (with allocated costs) *(was \$99 in 2009)*

COMPARISON OF KEY DATA FACTORS 2007-2009

Financial Assistance	2007	2008	2009	2010	+ or - Increase
Cases	156	199	311	225	- 27.6%
Individuals	269	313	637	686	- 7.7%
Visits	202	821	1,288	1,290	+ 0.16%
Total Financial Assistance Provided	\$88,654	\$112,170	\$345,345	\$331,761	- 3.9%

Financial Assistance Trends (2007-10)





STATE OF FMHC SUMMARY REPORT
January-December 2010
Amethyst Roberson, LPC Coordinator of FMHC

Introduction, Description, and Background:

The Family Mental Health Collaborative (FMHC) is a unique service paradigm combining the expertise of five non-profit mental health/social service organizations and a university with the community outreach of a government entity. The primary focus of the Collaborative is on meeting the mental health needs of children, adults and elderly living in St. Louis County who are unable to access adequate services due to lack of insurance, under-insurance or geographic accessibility.

Members of the FMHC include BJC Behavioral Health, Catholic Family Services, Jewish Family & Children's Service, Lutheran Family & Children's Services of Missouri, Provident Counseling, Saint Louis University School of Medicine-Department of Neurology and Psychiatry, and St. Louis County Department of Health. These organizations have been providing mental health and health services within the St. Louis area for over 150 years. All share a similar vision (improving the quality of life for individuals) and core values: excellence and efficiency in service, integrity, and respect for individuals, accessibility, and innovation in service delivery. Each non-profit agency has an active Board of Directors and community-based committees that provide organizational guidance and review services/programs that reach out into the community. Four of the five non-profits are charter members of the United Way of Greater St. Louis. All are accredited by national accrediting bodies. In addition, all provide services regardless of race, religion, or ability to pay.

The idea for the Collaborative began in October 2004, in response to the changes made in mental health services offered by St. Louis County. Because of budget limitations, and in order to balance the FY 2005 Health Department budget, a reduction in mental health services was recommended. The Family Mental Health Collaborative formed and was launched in January 2005 to help fill the gap.

This type of response was not uncommon for members of the Collaborative. In the past, several of the agencies had worked together to respond to gaps in service or other community problems such as the mental health needs of families impacted by the two floods in the 1990's; community needs following the tragedy of 9/11; and the ongoing needs of assisting the frail elderly to maintain their independence and connection with the community. Since its inception, the FMHC has also played important roles in

connecting hurricane victims from the gulf coast with services, educating the public on proactive steps to take after traumatic events such as the shootings in Kirkwood City Hall, and continued work toward searching for grants and opportunities to fund gaps in children's mental health in St. Louis County. In addition, many of the members have been actively involved with the United Way of Greater St. Louis and local universities in establishing standards for evidence-based practice in the area of counseling/mental health services.

The collaborative members receive support from St. Louis County Department of Health to provide services. Through the efficient and effective use of clinical and administrative staffing, a quality mental health service is available to St. Louis County residents at a reduced or no fee. FMHC services include: crisis intervention, case/care management, counseling, psychosocial assessments, psychological testing, psychiatric evaluation and medication. Services are staffed by 32+ part-time licensed counselors, social workers, psychologists and psychiatrists, a part-time clerical staff, and a part-time project coordinator. A call center provides single-point access to services on a 24-hour/7-day a week basis. Services are offered at expanded locations including, not only the three St. Louis County Health Centers (John C. Murphy Family Health Center, North Central Community Health Center, and South County Health Center), but also at 21 other offices throughout St. Louis County.

The FMHC continues to improve efficiency and quality through improved communication with County physicians in the health clinics and psychiatric services through web-based programs that enable data to be sent to St. Louis County Medical Records Department within 72 hours of patients' visits with psychiatrists. The FMHC also prides itself on a high quality of care continuum through critical evaluation, thoughtful solutions, building a brand that people can trust, and managing our resources effectively through a collaborative process that invites critique, creativity, and flexibility in responding to change. The FMHC has exhibited this spirit of collaboration through participation in projects with the Regional Health Commission to improve patient access to both primary and behavioral services across the county and manage high-end utilizers of healthcare effectively through thoughtful referrals and inter-agency communication. Following is a report on the services, outcomes, and economic impact of the FMHC.

Summary of Services

Psychiatric Services:

The FMHC psychiatry services are held on two clinic days (Mondays and Fridays) at Jewish Family and Children's Service. Patients can also contact their psychiatrist outside of the clinic through Saint Louis University's psychiatry clinic by phone; therefore, providing 24/7 support. The Psychiatric Services are provided by 3rd Year Residents supported by an Attending Board Certified Psychiatrist. The benefits of psychiatry services are two-fold in that patients receive high quality care while residents are exposed to working with diverse patient populations. Many of the residents take on FMHC patients for psychotherapy at the University Clinic at no cost to St. Louis County or to the patient which allows both for advanced training and access to specialized care

for patients that otherwise would be unavailable. All new patients are given a one and a half hour evaluation and subsequent follow-up visits last between 20 and 30 minutes. Time frames in which follow-up visits occur vary on level of need presented by patients. Currently, there are 1284 active patients that are being seen by FMHC psychiatric residents. Records indicate that the FMHC has served over 3,379 patients since it began utilizing new data tracking software midway through 2007. Following is the total of kept appointments and cancellation/ no-show statistics for the 2010.

Total appts. made	2,916
Kept appts.	1,942
Cancellations/ No shows	974
Canc./no show rate	33.4%

Counseling Program:

The FMHC counseling services consist of individual and group psychotherapy and are offered at each agency's locations across the county as well as within the county clinics. Each agency is paid for 20 sessions of psychotherapy per week and for 13 hours of clinical coverage at the county clinic sites each week. Following is the total of services for 2010.

Counseling client demographics

	Total	Avg. per/mo
Total clients	1,798	149.9
Adults	1,796	149.6
Male	668	37.1
Female	1,130	62.8
Children	2	0.1
Male (child)	0	0
Female (child)	2	0.1
African Americans	259	14.4.0%
Caucasians	1,443	80.2%
Other	96	5.3

Counseling Sessions

	Total
Attended	3,909
Cancellation/No show	783 20%
In-kind Units	1,062

Counseling Site Utilization Data

Site	Attended Sessions
Agencies: (no id, no pcp, private pcp, misc. South city JFCS-Creve Coeur, CFS-Sunset Hills, LFCS-Chapel of the Cross, F brown, Shirley, West County, CFS-Manchester, CFS-Florissant Jeff, Yalem	2,044
North County Health Clinic	670
John C Murphy	412
South County Health Center	783

Psychological Assessment:

The FMHC also provides comprehensive psychological and psycho educational assessments for patients referred by psychiatric residents. This service ensures appropriate diagnosis and assistance for some individuals to qualify for other resources and/or disability benefits. Following is a summary for services completed in 2010.

	JAN – MAR
# of Clients Sessions	32
# of hours	95

Case Management

The FMHC employs a Case Manager (30 hours per week) to assist patients and new referrals with appropriate resource allocation and referrals. The Case Manger also encourages clients to enroll in the County Health Clinics and educates patients on the importance of a primary care physician, what to expect when visiting a psychiatrist or counselor, and what resources may be available within each FMHC agency and in the community. The Case Manger averages around 12 client contacts with approximately 22 clients served per month. These services are invaluable to psychiatry in that the Case Manger is often helpful in transitioning clients into psychiatry and encouraging their attendance to appointments.

Counseling Outcomes

Counseling outcomes are measured using the Global Assessment of Functioning (GAF). The GAF Scale is useful in tracking the clinical progress of individuals in global terms, using a single measure that considers psychological, social, and occupational functioning. The GAF Scale ranges from one (persistent danger of severely hurting self or others i.e. recurrent violence) to 100 (superior functioning in a wide range of activities/ no symptoms). FMHC clients evidence a pre-treatment GAF ranging from 45-75 and a post-treatment GAF ranging from 45-90. The average GAF score of clients

entering treatment ranges from 45 to 51 while the average follow-up GAF scores range from 55-65.

Counseling outcomes were also tracked on a sample of clients using the World Health Organization (WHO) Quality of Life Scale. This assessment tool was developed to be cross-culturally sensitive and measures quality of life as defined by an individual's perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. The WHO Quality of Life Scale reports on four domains of functioning: physical; psychological; social relationships; and, environment. FMHC clients evidence a positive change across all four domains from pre to post treatment (i.e. FMHC clients experience a better quality of life physically, environmentally, psychologically and socially after treatment). Average initial WHO scores range between 55.0 and 65, while average follow-up scores range between 60 and 75.5.

Economic Impact of the FMHC:

The FMHC receives approximately \$500,000 in funding from the St. Louis County Department of Health per year. This revenue is also paired with community dollars within the FMHC agencies to provide high quality services across the board. It is estimated that St. Louis County residents and FMHC clients are benefitting from approximately \$188,000 dollars in shared community resources provided by the FMHC per year in addition to the funding from St. Louis County. In addition to savings by the county in providing mental health services, indigent patients are referred into medical homes to reduce overutilization of emergency departments for primary and behavioral health care. In a recent sample of 662 active FMHC clients, 83.5% of our clients have been connected to a primary care physician or one of the St. Louis County Health Centers. Currently, the remaining 16.5% of patients with unidentified primary care providers are being targeted for future case management and referral information. Our psychiatry residents are also referring many patients who require costly medications to patient assistance programs with pharmaceutical companies and mechanisms have been set in place to track those referrals. This strategy will enable the St. Louis County Department of Health to decrease costs for psychotropic medications and provide high quality medications to patients who may have ended up in emergency rooms or without medication.

HARVEY KORNBLUM JEWISH FOOD PANTRY

Program Goal: (1) To identify Jewish people with hunger insecurity; (2) to provide 50% of their minimum dietary daily requirements; (3) to provide education to move people to self-sufficiency, if possible.

Resources/Activities

All funding allocated to the HKJFP is generated through private donations and grants. A large portion of the food and personal care items distributed by the HKJFP comes from community donations. In January 2010, the Agency began participating in the USDA Emergency Food Assistance Program (TEFAP). TEFAP is a Federal program that helps supplement diets of low-income persons in need, including seniors, by providing emergency food and nutrition assistance.

The HKJFP operates out of 2 locations (the Agency's main office and 1 satellite office - in St. Louis City at Central Reform Congregation.) In addition to the food and personal care items, holiday gifts and school supplies were collected and distributed and HKJFP visitors received these special gifts during appropriate times of the year.

Outputs/Outcomes

There were 15,280 visits to the food pantry in 2010 by 5,021 different families . representing 13,816 individuals. Approximately 1,273 families were new visitors. The HKJFP distributed 1,214,703 food and personal care items. Also in 2010, there were 8,661 deliveries.

Impact

The Harvey Kornblum Jewish Food Pantry Program demonstrated significant positive impact relative to the Program Goal (2). Program Goal (1) and (3) will continue to be a focus in 2011.

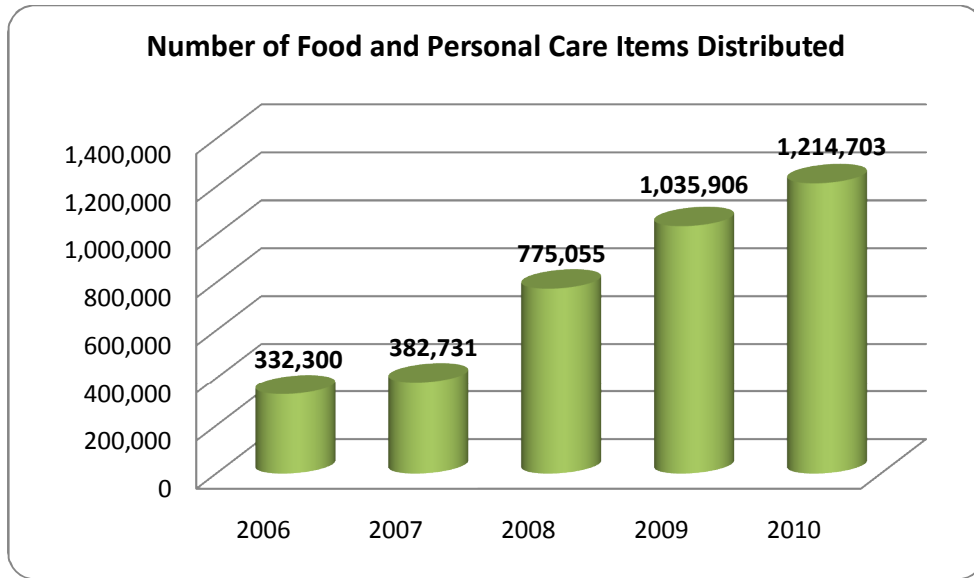
Unit Cost

\$ 11 per visit (direct cost) *(was \$8 in 2009)*

\$ 17 per visit (with allocated costs) *(was \$21 in 2009)*

COMPARISON OF KEY DATA FACTORS 2006-2010

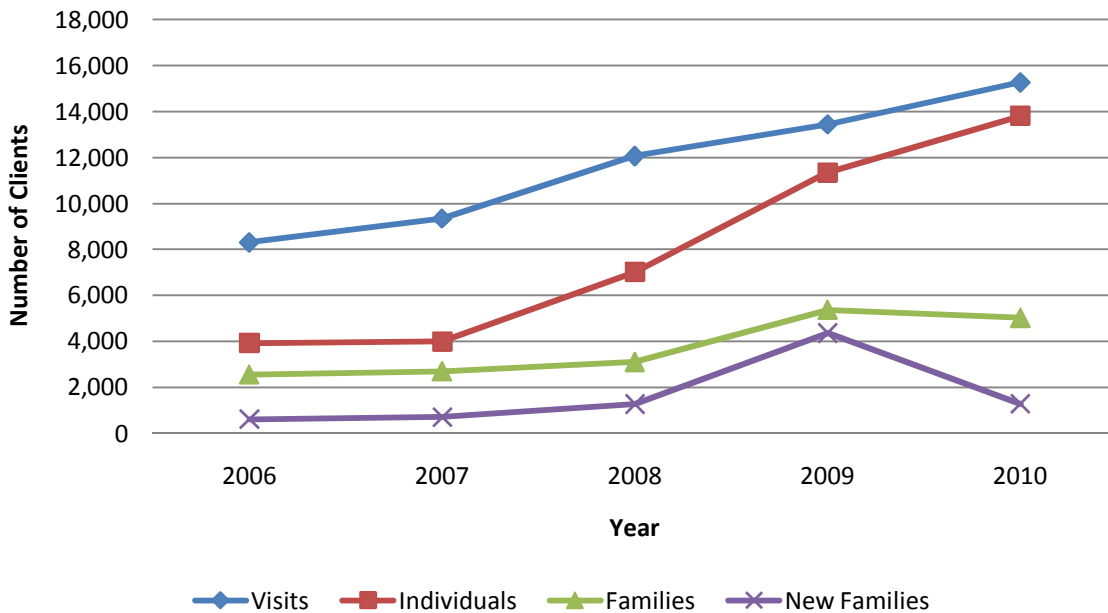
Food Pantry	2006	2007	2008	2009	2010	+ or - increase over previous year
Visits	8,308	9,350	12,073	13,453	15,280	+ 13.6%
Individuals	3,921	3,986	7,010	11,350	13,816	+ 21.7%
Families	2,552	2,681	3,092	5,367	5,021	- 6.4%
New Families	609	703	1,269	4,360	1,273	- 70.8%
Food/Personal Items	332,300	382,731	775,055	1,035,906	1,214,703	+ 17.3%
Delivery	2,326	3,540	4,824	8,257	8,661	+ 4.9%



Recommendations

A Strategic Program Plan outlining critical areas is being developed by the Manager of Community Based Services and Program Manager. The areas include: delivery program, food pantry staffing, database management, product management, volunteer management (*training and supervision*), administrative directive for client service, management of existing clients (QA), centerpiece and bema basket program(s), physical plant, and financial assistance. The Strategic Program Plan will be implemented according to the identified timeframe(s) once it is ratified. In addition, a task force is currently in place to discuss and develop recommendations on the growth of the food pantry as it relates to physical plant/space accommodations.

HKJFP Client Trends (2006-2010)



IN-HOME SERVICES/HOMEMAKER PROGRAM

Program Goal: To assist frail elderly and adults with special needs to maintain independence within their home environment and connection to the community.

Resources/Activities

In 2010, JF&CS continued to contract with four vendors used for outsourcing homemaker services. This outsourcing arrangement provided geographically expanded services, as well as, an enhancement of services available to clients.

Outputs/Outcomes

In 2010, there were a total of 165 open cases serving 232 individuals. Approximately 27,221 hours of homemaker services were provided. The average client fee was \$10.15. The average sliding scale fee paid by clients was \$10.17. Clients served demonstrated an improvement in cleanliness of the home and an increase in overall quality of life as measured by the WHOQOL . BREF.

Impact

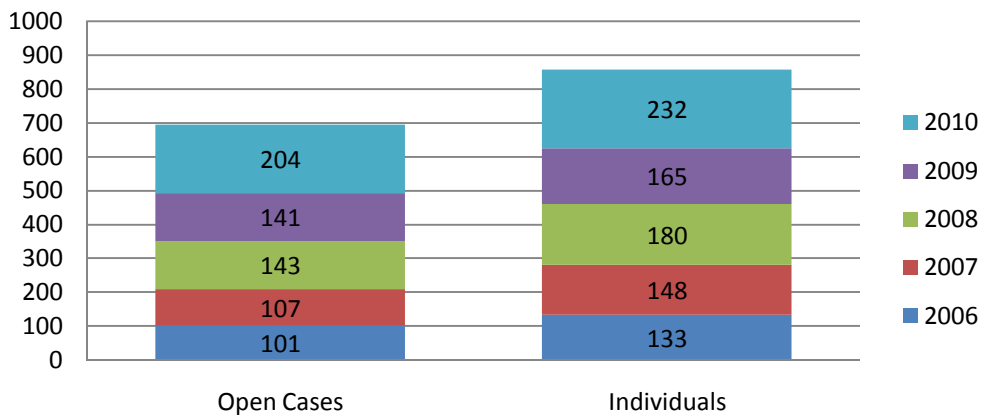
The In-Home Services Program demonstrated significant positive impact relative to the Program Goal.

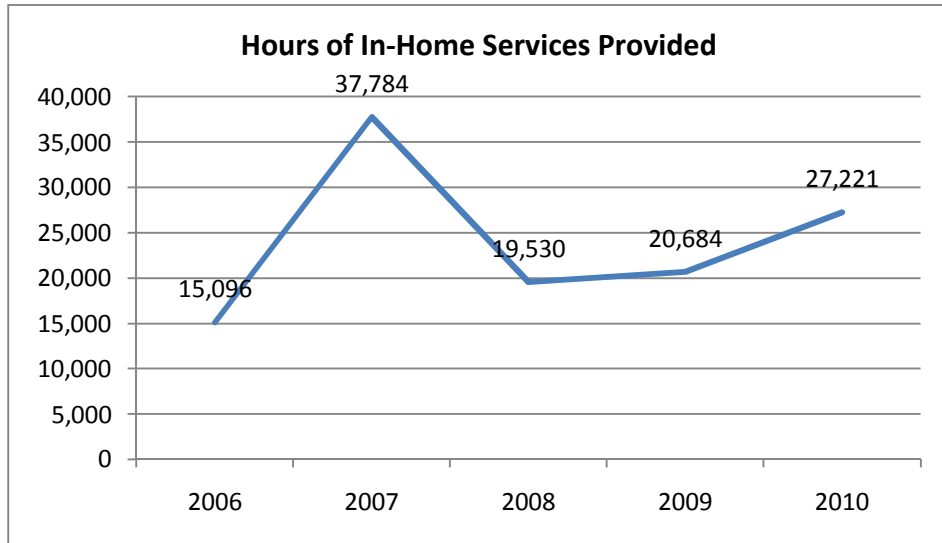
Unit Cost

\$ 16 per hour (direct cost) *(was \$18 in 2009)*

\$ 20 per hour (with allocated costs) *(was \$21 in 2009)*

Homemaker - Open Cases/Individuals





COMPARISON OF KEY DATA FACTORS 2005-2010

In-Home Services	2006	2007	2008	2009	2010	+ or – Increase
Open Cases	107	143	130	141	165	+ 17%
Individuals	148	180	196	204	232	+13.7%
Hours	15,096	37,784 **	19,530	20,684	27,221	+31.6%

** number of hours provided exceeded 2007 budget

Recommendations

Continue to closely monitor present 15 hour/week limit and \$5,000 per year subsidy limit.

JEWISH CONNECTIONS

Program Goal

(1) To raise awareness, sensitize and educate the Jewish community to special at-risk populations and their needs; (2) To reduce stigma in the Jewish community associated with those at-risk populations. To identify individuals who are a part of at-risk populations; (3) To identify individuals who are a part of at-risk populations and expand their awareness of and access to community services both within and outside of the Jewish community.

Resources/Activities

The Jewish Connections program launched in July 2008. There was a staffing change in June 2009 when the Coordinator hired in July 2008 resigned her position. Currently, there is .5 FTE Program Coordinator allocated to the program and in place.

Outputs/Outcomes

318 individuals were reached in 2010 through the Jewish Connections Program

Impact

The Jewish Connections Program demonstrated positive impact relative to the item (1) and (2) of the program goal. Item (3) will be addressed in later phases of the program. 100% of participants were satisfied with the educational events.

Recommendations

In 2010, continue program activities in the Jewish community with a focus on achieving the Program Goal.

Unit Cost

\$ 16 per hour (direct cost)
 \$ 38 per hour (with allocated costs)

KEY DATA FACTORS 2008 - 2010

Jewish Connections	2008	2009	2010	+ or – Increase
Individuals (participating in events)	364	580	318	- 45%
Events	6	4	9	+ 125%
Community %Connections+	54	-	926	n/a

TRANSITION STRATEGIES, LLC*

* Used as the model for Elderlink St. Louis

Mission

To provide timely and reliable eldercare information and guidance for critical decision-making related to life cycle transitions

Vision

Transition Strategies is a visionary, market-driven organization that creates value (for the business sector) by facilitating informed and timely decision-making for individuals in life cycle transition.

Goal

To provide earned revenues for Jewish Family & Children's Service.

Resources/Activities

Activities are focused on provision of quality eldercare services, provider/vendor database enhancement, marketing to retail and wholesale clients and strategic alliances to enhance growth opportunities.

Outputs/Outcomes

964 retail clients have been served since the launch in September 2002. 2010 clients served are included in the Elderlink data.

The wholesale portion of Transition Strategies has been unsuccessful due to general economic conditions. Companies have not been interested in contracting for increasing benefits for their employees. In addition, ElderLink St. Louis has tapped into a portion of the retail market that was previously handled by Transition Strategies. Staff time dedicated to Transition Strategies has been reduced in 2010.

In September 2008, Transition Strategies obtained a grant with the St. Louis Jewish Federation to coordinate ElderLink St. Louis. This grant is funded by the Lubin-Green Foundation, a supporting foundation of the St. Louis Jewish Federation and the Barnes-Jewish Hospital Foundation. ElderLink St Louis provides a centralized phone number designed to provide a one-stop shop for individuals seeking elder care information and guidance. This initiative is targeted toward the Jewish Community.

Impact

In 2010, revenues for Transition Strategies were enhanced against budget by the ElderLink grant with Jewish Federation.

Unit Cost

See Elderlink St. Louis.

COMPARISON OF KEY DATA FACTORS 2005-2009 TRANSITION STRATEGIES

Transition Strategies	2006	2007	2008	2009	2010
Clients	145	149	233	80	Data included in Elderlink
Marketing	170	193	83	12	

Recommendations

In 2011, a new strategy will be developed and implemented for Transition Strategies.

PENETRATION OF PROGRAMS IN ST. LOUIS JEWISH COMMUNITY – 2010

	<u>10,000 Households</u>	<u>15,000 Households</u>
Chaplaincy (428)*	4%	3%
Child Abuse Prevention Program (CAPP) (3,236)*	32%	22%
Clinical Services (4,107)*	41%	27%
Elderlink St. Louis (2,054)*	21%	14%
Financial Assistance (196)*	2%	1%
Harvey Kornblum Jewish Food Pantry (301)*	3%	2%
In-Home Services/Homemaker Program (75)*	0.08%	0.05%
Jewish Connections (1,120)*	11%	8%
Transition Strategies (see Elderlink St. Louis)	-----	-----

* The parentheses are the number of Jewish Households.

CASE RECORD REVIEW

RESOURCE/ACTIVITIES

Case record review is an ongoing agency activity consisting of several components designed to monitor the appropriateness of our client care. Reviews are conducted of open and closed case records documenting clinical, FMHC counseling, FMHC psychiatry, Learning and Behavioral Diagnostic Center, financial assistance, Family Life Education, and in-home services, including at-risk cases. Both compliance with required record-keeping forms and quality assurance are checked. Initial assessment data is also reviewed on all new cases. A standardized form addressing compliance, e.g., the absence, presence and completeness of required documents, and qualitative criteria was used. Case review incorporates standards drawn from Council on Accreditation (COA), evidence-based practice, utilization review, risk management, and management information system needs.

OUTPUTS

Results of case record reviews are communicated with individual staff, the Manager of Clinical Services, Manager of Community-Based Services, and Assistant Executive Director Programs. In the event of a specific case record review concern, the results are communicated additionally to the Executive Director. Overall patterns, including strengths and areas for improvement, and training needs are communicated with all staff. As an additional check on the appropriateness of the aforementioned services, quarterly case summaries, client service plans and incident reports on all open cases are reviewed and signed off by the Manager Clinical Services, Manager Community-Based Services and Assistant Executive Director, as appropriate to the service area. For psychiatry charts, a summary of findings of cases reviewed was also presented to Saint Louis University by the FMHC Coordinator. Overall results from the case record review process demonstrated that documentation was complete and in compliance with Agency policies and COA standards.

CONSUMER SATISFACTION

Depending on the particular program, the consumer satisfaction process provides the means for assessing client perception of interactions with support staff, interactions with professional staff, sense of progress with presenting problems, sense of feeling understood by the treating professional, and staff responsiveness to client's immediate needs for services.

Results for 2010 are as follows:

Chaplaincy

96% of the clients surveyed noted that the program addresses their spiritual needs and they look forward to the visits. 100% of the organizations surveyed feel that having the program is an asset to their organization.

Child Abuse Prevention Program

100% of adults surveyed would recommend the program to others.

Clinical Services

Of clients returning surveys, 90% rated services as excellent or very good. 84% reported they would definitely recommend the Agency to family and friends.

ElderLink St. Louis

Based on 91 completed surveys, 92 % of the clients surveyed rated ElderLink as either excellent (70%) or very good (22%).

Financial Assistance

92% of responses rated services as excellent or very good. 83% reported they would definitely recommend the Agency to family and friends.

Harvey Kornblum Jewish Food Pantry

99% of the responses rated services as excellent or very good. 93% reported they would definitely recommend the Agency to family and friends.

In-Home Services/Homemaker Program

100% of responses rated services as excellent or very good. 75% reported they would definitely recommend the Agency to family and friends.

Jewish Connections

100% of participants surveyed in Jewish Connections reported satisfaction with the events/groups/presentations

Transition Strategies

See Elderlink St. Louis.

Volunteers

Volunteer evaluation surveys sent to 120 agency volunteers in February 2011 to evaluate 2010. 26 have responded so far and all of those reflect that their volunteer opportunity meets or exceeds their expectations.

RISK MANAGEMENT AND CORRECTIVE ACTIONS TAKEN AND RESULTS

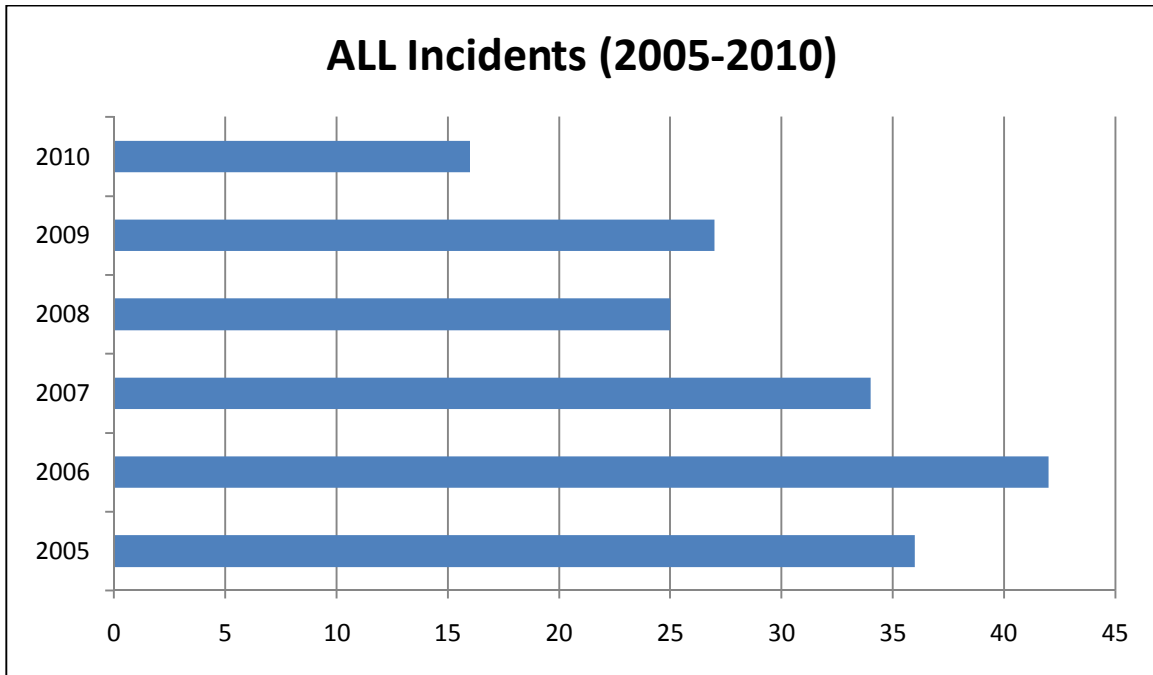
Risk management is a systematic process of evaluating and reducing potential risks that may befall personnel, consumers of service, an organization, or a facility. Risk management activities are directed toward reducing an organization's legal and financial exposure, especially to lawsuits. Corrective action refers to all ongoing actions taken to promulgate solutions to issues identified by PQI activities. The following is a summary for 2010:

Agency Financial Audit

An audit of the Agency's financial records was performed by Bergman Schraier & Co., PC for the year ending December 31, 2009. The independent auditor's report stated that the financial statements presented fairly, in all material respects, the financial position of the Agency. There were no reportable conditions noted in their management letter that required a response.

JEWISH FAMILY & CHILDREN'S SERVICE Incident Report Summary 2005-2010

Classification	2005	2006	2007	2008	2009	2010
Clinical Incident Report						
<i>Hospitalization – Suicidal or Violence</i>	7	10	8	7	2	1
<i>Hospitalization – Illness</i>	3	5	6	2	1	
<i>Hotline</i>	11	17	2	7	11	4
<i>Other</i>	13	4	16	5	8	4
Client Grievance	1	1		1		
Non-Clinical Incident or Accident						
<i>Client</i>		1		2	2	
<i>Staff</i>	1	4	1		2	6 (2 W/C claim)
<i>Volunteer</i>			1	1	1	1
TOTALS	36	42	34	25	27	16



Safety and Emergency Procedures

- **Fire drills** . Practice drills were performed three times to ensure staff knows their route of escape. In the event of a "real" fire, staff will be able to evacuate the building in a timely manner. All annual inspections for standard building equipment, i.e., fire alarm, elevator, machinery, fire extinguishers and security system were passed and recertified for another year.
- **Safety Committee** . There were no 2010 recommendations.