



PROGRAM EVALUATIONS

FY 2016



CHILDREN'S SERVICES

Rainbow's End – Corydon and Georgetown

21st Century Community Learning Centers

PROGRAM EVALUATION FINAL REPORT FY2016

Rainbow's End Corydon

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | Optimize staff training - average number of hours of in-service training per childcare staff | 15 | 26.3 | 175% |
| 2 | Maximize the variety of activities offered - percent of activity areas covered per week (gross motor, manipulative procedures, dramatic play, language, math, science, sensory experiences) | 10/day | 10 | 100% |
| 3 | Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme | 85% | 85% | 100% |
| 4 | Minimize the number of accidents that require medical attention - number of accidents that require medical attention | 2 | 1 | 150% |
| 5 | Optimize parents involvement | | | |
| a | Percent of parents attending parent teacher conferences for 5 year old class. | 50% | 100% | 200% |
| b | Number of informational articles provided to parents per month. | 12 | 12 | 100% |
| 6 | Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction. | 95% | 98% | 103% |

Corydon Child Care Supplemental Information

Number of Children Served: 121
 Number of Funding Children Served: 35
 Number of Children to Withdraw: 50
 Licensure Capacity: 156
 Staff Turnover: 29.17%

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Rainbow's End Corydon

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|---|--|-----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | YES |
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| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
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N/A - All goals were met at this location.

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|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
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All goals were met at this location; however, consumer satisfaction surveys indicated a need to improve upon the meals being served at the center. Over the next year, the cook will participate in Steps to Healthy Success with the goal of implementing this program by December 31, 2016.

PROGRAM EVALUATION FINAL REPORT FY2016

Rainbow's End Georgetown

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | Optimize staff training - average number of hours of in-service training for child care staff | 15 | 19.84 | 132% |
| 2 | Maximize the variety of activities offered - percent of activity areas covered per week (gross motor, manipulative procedures, dramatic play, language, math, science, sensory experiences) | 10/day | 10 | 100% |
| 3 | Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme | 85% | 85% | 100% |
| 4 | Minimize the number of accidents that require medical attention - number of accidents that require medical attention. | 2 | 1 | 150% |
| 5 | Optimize parent involvement: | | | |
| a | Percent of parents attending parent teacher conferences for 5 year old class. | 50% | 50% | 100% |
| b | Number of informational articles provided to parents per year. | 12 | 12 | 100% |
| 6 | Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction | 95% | 96% | 102% |
| | | | | |

Georgetown Child Care Supplemental Information

Number of Children Served: 94
 Number of Children on Funding: 8
 Number of Children to Withdraw: 12
 Licensure Capacity: 92
 Staff Turnover Rate: 54.55%

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Rainbow's End Georgetown

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|---|--|-----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | YES |
|---|--|-----|

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| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

N/A - All goals were met at this location.

| | |
|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
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While all program evaluation goals were met during the past year, the staff turnover rate at this location was extremely high at 54.55%. This high turnover rate contributed to a lower number of children being served and a loss in program revenue. During the next year, increased effort will be made to hire staff members with early childhood education experience. Much of the staff turnover is the result of individuals who are hired deciding that working in the child care field is not what they thought it would be. This will be accomplished by attending job fairs and soliciting applicants through early childhood education resources such as SIEOC and Ivy Tech. Consumer Satisfaction Surveys indicated a need for further improvement of communication between teachers and parents. While communication training was provided for staff at the December 2015 all-staff in-service, the high turnover rate has prevented the increased knowledge from being utilized. It is believed that hiring staff members with a background in early childhood education will also improve communication at the center. The Consumer Satisfaction Survey return rate at the Georgetown Center was only 49%. The manager and director will work to develop an incentive for returning surveys during the next year.

PROGRAM EVALUATION FINAL REPORT FY2016

EAST WASHINGTON ELEMENTARY SCHOOL

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | 100% of students (50) will meet an attendance goal of 60 days by year end. | 50 | 52 | 104% |
| 2 | Optimize staff training - average number of hours of in-service training per afterschool staff | 15 | 32.75 | 218% |
| 3 | Participants will score a grade of C or higher on their Reading/Language Arts report card grade. | 75% | 52 of 56 | 93% |
| 4 | Participants will score a grade of C or higher on their Math report card grade. | 75% | 46 of 56% | 83% |
| 5 | Minimize the number of accidents that require medical attention - number of accidents that require medical attention | 2 | 0 | 200% |
| 6 | Optimize parents involvement | | | |
| a | Number of family events hosted. | 4/year | 5 | 100% |
| b | Average percent of parents attending family events | 75% | 53% | 53% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: East Washington

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
|---|--|----|

2 For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.

Goal not met: 75% of parents will attend family events. The outcome for this goal was 53%. Determining factors may be conflicting work schedules of parents or conflicts with other events (such as sporting activities).

3 List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.

During the upcoming year, we will conduct surveys of those parents who do not attend events to determine the reason and attempt to schedule our parent events at more convenient times for parents.

PROGRAM EVALUATION FINAL REPORT FY2016

MEDORA ELEMENTARY SCHOOL

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | At least 90% of students will meet an attendance goal of 60 days by year end. | 90 | 54 | 60% |
| 2 | Optimize staff training - average number of hours of in-service training per afterschool staff | 15 | 27.25 | 182% |
| 3 | Participants will score a grade of C or higher on their Reading/Language Arts 1st and 2nd semester report card grade. | 75% | 59 of 66 | 90% |
| 4 | Participants will score a grade of C or higher on their Math first and second semester report card grade. | 75% | 60 of 66 | 91% |
| 5 | Minimize the number of accidents that require medical attention - number of accidents that require medical attention | 2 | 0 | 200% |
| 6 | Optimize parents involvement | | | |
| a | Number of family events hosted. | 4/year | 4 | 100% |
| b | Average percent of parents attending family events | 75% | 54% | 54% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Medora Elementary School

| | | |
|--|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| <p>Two goals were not achieved at Medora: 1) There were only 54 students that met the attendance target (goal was 90 students). Determining factor contributing to not achieving this goal: It is believed the target is too high for such a small school district; 2) Only 54% of parents attended parent events (goal was 75%); Determining factors may be conflicting work schedules of parents or conflicts with other events (such as sporting activities).</p> | | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| <p>During the upcoming year, we will continue to work with school administrators to increase program enrollment. The program coordinator will develop attendance incentives to encourage increased daily attendance. We will conduct surveys of those parents who do not attend events to determine the reason and attempt to schedule our parent events at more convenient times for parents.</p> | | |

PROGRAM EVALUATION FINAL REPORT FY2016

MORGAN ELEMENTARY SCHOOL

Primary Measures

| | | Goal | Outcome | Percent Achieved |
|---|--|-------------|----------------|-------------------------|
| 1 | 100% of 50 students will meet an attendance goal of 60 days by year end. | 50 | 51 | 102% |
| 2 | Optimize staff training - average number of hours of in-service training per afterschool staff | 15 | 10.5 | 70% |
| 3 | Participants will score a grade of B or higher on their Reading/Language Arts report card grade. | 75% | 43 of 59 | 73% |
| 4 | Participants will score a grade of B or higher on their Math report card grade. | 75% | 40 of 59 | 68% |
| 5 | Minimize the number of accidents that require medical attention - number of accidents that require medical attention | 2 | 0 | 200% |
| 6 | Optimize parents involvement | | | |
| a | Number of family events hosted. | 4/year | 4 | 100% |
| b | Average percent of parents attending family events | 75% | 49% | 49% |

Additional Information:

Staff turnover during the year played a major role for not achieving goals at this location.

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Morgan Elementary

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
|---|--|----|

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|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Four goals were not achieved at Morgan: 1) 73% of students received a Reading grade of B or better on their report card (goal was 75%); 2) 68% of students received a Math grade of B or better on their report card (goals was 75%); 3) Staff members did not achieve an average of 15 training hours (achieved 10.5); 4) Only 49% of parents attended parent events (goal was 75%). There are no specifically identified contributing factors which may have prevented more students from achieving a B or better on their Math and Reading report card grades, however, the low turnout for parent events may indicate a lack of parent participation in the education process for these students. A higher than usual staff turnover rate at this location is the reason the training goals for each staff member were not achieved.

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|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
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We will conduct surveys of those parents who do not attend events to determine the reason and attempt to schedule our parent events at more convenient times for parents. The program manager and site coordinators will review report card grades each 9-week period and will communicate with classroom teachers and school administrators regarding specifically targeted students. Program activities will be adjusted to specifically meet the needs of these identified students.

PROGRAM EVALUATION FINAL REPORT FY2016

NORTH HARRISON ELEMENTARY SCHOOL

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | 100% of 50 students will meet an attendance goal of 60 days by year end. | 50 | 52 | 104% |
| 2 | Optimize staff training - average number of hours of in-service training per afterschool staff | 15 | 20.9 | 139% |
| 3 | Participants will score a grade of B or higher on their Reading/Language Arts report card grade. | 75% | 43 of 56 | 77% |
| 4 | Participants will score a grade of B or higher on their Math report card grade. | 75% | 46 of 56 | 83% |
| 5 | Minimize the number of accidents that require medical attention - number of accidents that require medical attention | 2 | 0 | 200% |
| 6 | Optimize parents involvement | | | |
| a | Number of family events hosted. | 4/year | 4 | 100% |
| b | Average percent of parents attending family events | 75% | 30% | 30% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: North Harrison Elementary

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
|---|--|----|

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|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Goal not met: 75% of parents will attend family events. The outcome for this goal was 30%. Determining factors may be conflicting work schedules of parents or conflicts with other events (such as sporting activities), or at this location may indicate a lack of effort to encourage attendance.

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|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

During the upcoming year, we will conduct surveys of those parents who do not attend events to determine the reason and attempt to schedule our parent events at more convenient times for parents. Additionally, the program manager, site coordinator and program staff will work to develop incentives which may encourage increased attendance.

COMMUNITY RESOURCES

Habilitation
In-Home Services
Structured Family Care
Supported Living

PROGRAM EVALUATION FINAL REPORT FY2016

Habilitation -- Corydon

| | | Goal | Outcome | Percent Achieved |
|---|--|-------------|----------------|-------------------------|
| 1 | Maximize the number of service hours provided | 85% | 81% | 95% |
| 2 | Increase or support independence through skill acquisition - 80% percent of persons served will achieve 50% of their objectives. | 80% | 97% | 121% |
| 3 | Maximize personal choice - percent of goals that contain choice-making opportunities. | 90% | 82% | 91% |
| 4 | Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey. | 100% | 83% | 83% |

Habilitation -- Salem

| | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| Primary Measures | | | | |
| 1 | Maximize the number of service hours provided | 85% | 74% | 87% |
| 2 | Increase or support independence through skill acquisition - 80% percent of persons served will achieve 50% of their objectives. | 80% | 91% | 114% |
| 3 | Maximize personal choice - percent of goals that contain choice-making opportunities. | 90% | 84% | 93% |
| 4 | Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey. | 100% | 90% | 90% |

Habilitation -- Palmyra

| | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| Primary Measures | | | | |
| 1 | Maximize the number of service hours provided | 85% | 79% | 93% |
| 2 | Increase or support independence through skill acquisition - 80% percent of persons served will achieve 50% of their objectives. | 80% | 92% | 115% |
| 3 | Maximize personal choice - percent of goals that contain choice-making opportunities. | 90% | 81% | 90% |
| 4 | Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey. | 100% | 100% | 100% |

SWOT ANALYSIS HABILITATION

STRENGTHS

- Staff training
- Expertise in working with individuals with disabilities
- Expansion of services
- Individualization to meet the needs of the individual

WEAKNESSES

- Aging of individuals served creates new demands
- Limited Resources
- Having updated Plans of Care authorizing appropriate number of hours & services
- Consumer Absences

OPPORTUNITIES

- Traumatic Brain Injury Waiver an option for those currently served but not funded

THREATS

- Subject to changes in funding from state (BDDS)
- Funding - Limited service hours authorized by POC
 - Inflexibility of service hours authorized by POC

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Habilitation

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | No |
|---|--|----|

2 For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.

Maximizing the number of service hours provided: All sites were close to meeting this goal but were unable to meet the 85%. Reasons for this would include being short staffed, staff taking vacations and sub staff not available. Consumers may not attend on days scheduled, therefore they are unable to receive all hours authorized due to the absence.

Maximize personal choice: Some ISP's are completed by the QMRP'S at the group home - they do not take in account the request for goals to include choice making opportunities. Consumer satisfaction was also an issue at certain locations-

3 List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.

Staff will continue to work towards maximizing the number of service hours provided. Sub staff will be used when possible, also management staff has stepped in numerous times to assist this past eval year and will continue to do so. Program writing staff will continue to encourage choice making opportunities for the consumers. Consumer satisfaction will be addressed by continuing to involve the persons served in planning the activities that take place in all locations specific to group. We did have a change this past year where more facility time vs. community time was implemented which some consumers were not pleased with. Staff is challenged with finding new and meaningful activities for consumers to do which are also engaging.

PROGRAM EVALUATION FINAL REPORT FY2016

| In-Home | | | | |
|-------------------------|---|-------------|----------------|-------------------------|
| Primary Measures | | Goal | Outcome | Percent Achieved |
| 1 | Maintain community integration and participation of each person served | | | |
| a | Prevent institutionalization - percent of persons served that exit services due to institutionalization | 0% | 0% | |
| b | Prevent temporary placement in behavioral medicine unit - percent of persons served that experience a temporary placement in a behavioral medicine unit | 0% | 0% | |
| c | Increase or support independence through skill acquisition-100% of persons served will achieve 75% of objectives on the ISP. | 100% | 91% | |
| 2 | Maximize utilization of authorized service hours - percent of authorized hours that were used by the family | | | |
| a | Utilization of Respite services | 75% | 67% | |
| b | Residential Habilitation and Support | 90% | 86% | |
| c | Day Services | 90% | 77% | |
| d | Attendant Care | 90% | 96% | |
| e | PAC | 90% | 89% | |
| 3 | Maximize satisfaction of persons served and their advocates - percent of ratings in the top two categories on general satisfaction. | 100% | 100% | |

SWOT Analysis

In-Home Services

STRENGTHS

- In-Home has several long term staff
- Long term management
- Positive relationships with referral sources - case managers
- Consumer specific training

WEAKNESSES

- Continued difficulty in hiring staff
- Aging of individuals served creates new demands
- Limited Resources

OPPORTUNITIES

- Expand into additional counties

THREATS

- Other In-Home type of providers
- Funding Cuts

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: In-Home Services

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | No |
|---|--|----|

| | |
|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Area not met was the utilization of service hours in all areas of service provided. Determining factors that prevented the program from meeting the goal would be the following: services canceled by the family due to vacations, summer camps and holidays. Service were also canceled due to bad weather and poor driving conditions.

| | |
|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

Management staff filled in for staff when given notice or provided back up staff. This will continue to occur in addition to cross training staff to work with several consumers in the region served. Management staff continues to advertise to hire "sub" staff to fill in and provide extra hours when available. The pursuit of sub staff will continue over the upcoming eval year.

PROGRAM EVALUATION FINAL REPORT FY2016

STRUCTURED FAMILY CARE

| Primary Measures | Goal | Outcome | Percent Achieved |
|--|-------------|----------------|-------------------------|
| 1 Achieve 100% of persons served remaining in a stable home for at least one year | 100% | 93% | 93% |
| 2 Increase or support independence through skill acquisition - 90% percent of persons served will achieve 100% of ISP objectives | 90% | 93% | 103% |
| 3 Maximize satisfaction of persons served - percent of ratings in the top two categories in general on satisfaction survey. | 100% | 100% | 100% |

SUPPORTED LIVING

| Primary Measures | Goal | Outcome | Percent Achieved |
|--|-------------|----------------|-------------------------|
| 1 Maintain community integration and participation of each person served. | | | |
| a. Minimize the number of persons served that exit services due to institutionalization | 0% | 0% | 100% |
| b. Minimize the number of person who experience temporary placement in a behavioral unit | 0% | 0% | 100% |
| c. Increase of support independence through skill acquisition - 100% of persons served will achieve 85% of objectives on ISP | 100% | 70% | 93.00% |
| 2 Maximize satisfaction of persons served - percent of ratings in the top two categories in general on satisfaction survey. | 100% | 66% | 93.00% |
| 3 Maximize personal choice - percent of goals that contain choice making opportunities | 85% | 80% | 93.00% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

| | | | |
|-----------------------------------|---|--|----|
| PROGRAM: Structured Family | | | |
| | | | |
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | | no |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | | |
| | We did have an individual that had to change SFC residence due to the householder deciding that they no longer were able to serve this individual. That consumer was relocated into another SFC residence. Consumers were very close to meeting the skill acquisition goal and this will continue to be an area of focus. | | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | | |
| | Staff will continue to monitor services and work towards assisting the consumers achieving their goals, as well as continual stable placement. | | |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Supported Living

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | no |
|---|--|----|

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|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Staff turnover may be to account for the areas that Supported Living did not meet the following goals: skill acquisition, consumer satisfaction and goals including personal choice.

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|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

Blue River will continue to hire and train staff on consumer specific training which would increase the percentage of goals achieve by the individuals served. Also, having long term staff that are familiar with the individuals served will assist with this as well as the consumer's overall satisfaction. Retention of staff will be a focus over the next program eval year.

PROGRAM EVALUATION FINAL REPORT FY2016

WELLNESS COORDINATION

| | Primary Measures | Goal | Outcome | Percent Achieved |
|---|--|------|---------|------------------|
| 1 | Maintain community integration and participation of each person served | | | |
| a | Prevent institutionalization: percent of people served who exit services due to nursing home placement | 0% | 0% | |
| b | Prevent hospitalization: percent of people served who are temporary placed in the hospital | 20% | 12% | |
| 3 | Maximize satisfaction of people served: percent of ratings in the top two categories of overall general satisfaction | 90% | | |

This would have been the first year consumer satisfactions surveys would have been distributed. This was not completed but will be completed in the next fiscal year.

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Wellness Coordination

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | no |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| Consumer satisfaction surveys were not sent out this past year, they were over looked since this was the first full year the service had been provided. | | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| The Director will ensure satisfaction surveys are completed the next fiscal year. All feedback thus far from referring agencies and individuals served has been extremely positive and the program continues to grow due to the quality of services provided. | | |

EMPLOYMENT SERVICES

Job Trials/Work Experiences
Supported Employment
Placement

PROGRAM EVALUATION FINAL REPORT FY2016

Employment Services -- JOB TRIALS/WORK EXPERIENCES/CBE

| Primary Outcome Measures | | Goal | Outcome | Percent Achieved |
|---------------------------------|---|-------------|----------------|-------------------------|
| 1 | To obtain job trials, work experiences & CBE - average number of job trials/work experiences completed per month. | 4 | 5.0 | 125% |
| 2 | To create employment opportunities from job trials/work experiences/CBE - percent of employment opportunities created from job trials & work experiences. | 30% | 20% | 67% |

SUPPORTED EMPLOYMENT

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | To obtain community-based employment - percent of persons obtaining community-based employment. | 80% | 52% | 65% |
| 2 | To obtain a regular competitive wage - average hourly wage | \$7.25 | \$9.19 | 127% |
| 3 | To maximize job retention - percent of persons that retain employment for 90 days | 75% | 83% | 111% |
| 4 | To minimize program length from referral to placement - average number of days from referral to placement | 120 | 183 | 153% |
| 5 | Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective | 70% | 97% | 139% |
| 6 | Maximize satisfaction of persons served - percent of ratings at satisfactory or greater. | 95% | | 0% |
| 7 | Maximize satisfaction of employers - percent of ratings at satisfactory or greater. | 75% | | 0% |
| 8 | Maximize satisfaction of referral sources (VR) - average percent of ratings at satisfactory or greater. | 95% | | 0% |

PLACEMENT

| Primary Measures | | Goal | Outcome | Percent Achieved |
|------------------|---|--------|---------|------------------|
| 1 | To obtain stable competitive employment - percent of persons served who obtain competitive employment | 85% | N/A | 0% |
| 2 | To obtain a regular competitive wage - average hourly wage | \$7.25 | N/A | 0% |
| 3 | To minimize program length from referral to placement - average number of days from referral to placement | 75 | N/A | 0% |
| 4 | Maximize satisfaction of persons served - percent of ratings at satisfactory or greater. | 95% | N/A | 0% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Employment Services

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
|---|--|----|

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|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Job Trail/Work Experiences/CBE: Items 1 & 2: State restructured program no longer issuing authorization for identified services.

Supported Employment: Item 1: Program did not meet placement goal. The majority of individuals referred for placement were identified by program as not ready to enter the job market.

Supported Employment: Item 4: Program did not meet the average number of days from referral to placement goal. As noted, many individuals referred for placement were not yet work ready, resulting in excessive time for pre-employment supports.

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|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

Supported Employment: Item 1: State has restructured program this year, resulting in referrals for discovery or "pre-employment activities" supporting individual service needs prior to placement.

Supported Employment: Item 4: State has restructured program to include pre-employment discovery activities in support of employment readiness.

FAMILY SERVICES

First Steps
Healthy Families

PROGRAM EVALUATION FINAL REPORT FY2016

FAMILY SERVICES -- FIRST STEPS OF SOUTHERN INDIANA

| Primary Measures | | Goal | Outcome | Percent Achieved |
|----------------------------------|---|-------------|----------------|-------------------------|
| 1 | Referrals will be made by a variety of community partners, at least 4 sources per county. | 100.0% | 100.0% | 100% |
| 2 | The average age at referral will be 18 months or less. | 18.0 | 14.0 | 129% |
| 3 | Families will complete enrollment within 45 days | 100% | 90.1% | 90% |
| 4 | Children will be served in their natural environment | 96% | 99.0% | 103% |
| 5 | Infants and toddlers birth to 1 in will be served. | 1.40% | 1.5% | 106% |
| 6 | Children birth to 3 will be served. | 3.00% | 4.4% | 145% |
| Supplemental Information | | | | |
| Average Enrollment / Month = 107 | | | | |
| Number of Referrals = 2,646 | | | | |

FAMILY SERVICES/PROGRAM EVALUATION FINAL REPORT FY16

FIRST STEPS OF WEST CENTRAL INDIANA

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | Referrals will be made by a variety of community partners, at least 4 sources per county. | 100.0% | 100.0% | 100% |
| 2 | The average age at referral will be 18 months or less. | 18.0 | 13.0 | 138% |
| 3 | Families will complete enrollment within 45 days | 100% | 64.8% | 65% |
| 4 | Children will be served in their natural environment | 96% | 99.5% | 104% |
| 5 | Infants and toddlers birth to 1 in will be served. | 1.40% | 1.4% | 102% |
| 6 | Children birth to 3 will be served. | 3.00% | 3.4% | 113% |

Supplemental Information

Average Enrollment/Month = 37

Number of Referrals = 985

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: First Steps

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | No |
|---|--|----|

| | |
|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Staffing issues impacted our ability to meet the 45 day enrollment timeline. Both Clusters experienced shortage of Assessment Team therapists which conduct eligibility assessments. Cluster I has experienced high turnover of Intake Coordinators as well. The inexperience of new IC staff caused them to go over timeline.

| | |
|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

Continued lobbying of State for rate increases to support higher wages necessary to recruit & retain the most desirable personnel. Partnering with other SPOEs and INARF on this effort. This staff / provider recruitment & retention problem is not unique to BRS but is experienced across the state by all Agencies providing First Steps services.

PROGRAM EVALUATION FINAL REPORT FY2016

FAMILY SERVICES -- HEALTHY FAMILIES

| Primary Measures | Goal |
|--|-------------|
| 1 FRS will complete 8 assessments per month. | 100.0% |
| 2 Families offered home visitation services will accept and enroll in the program. | 50% |
| 3 Families enrolled in home visitation will receive 75% of their scheduled visits. | 75% |
| 4 Direct Service Staff will receive weekly supervision sessions. | 90% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Healthy Families

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | No |
|---|--|----|

| | |
|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

Assessments - There were some issues this year with the State electronic referral system for distributing WIC referrals to Healthy Families sites. WIC is the largest referral source for the program. Hopefully this has now been fixed and will not be an issue moving forward. Home Visitation & Supervision Sessions - Staff turnover impacted the retention of families in Washington County as well as the availability of Management staff to conduct supervision when they were sometimes needed to cover direct service needs. The position there is currently open and interviews are being conducted.

| | |
|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

Assessments - Closely monitor the FRS staff's assessment completion rates each month. Home Visitation & Supervision Sessions - Take time in hiring to ensure the best candidate suited for long-term employment is chosen, in order to limit turnover throughout the year.

HOUSING

Affordable & Accessible Housing
Transitional Housing

PROGRAM EVALUATION FINAL REPORT FY2016

AFFORDABLE HOUSING

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | Provide affordable housing to individuals from all average median income (AMI) levels | | | |
| a | Percent of applicants served with a 30-40% AMI | 22% | 66% | 300% |
| b | Percent of applicants served with a 41-50 % AMI | 49% | 12% | 24% |
| c | Percent of applicants served with a 51-60 % AMI | 13% | 6% | 46% |
| d | Percentage of applicants served with a 61+% AMI | 16% | 16% | 100% |
| 2 | Maintain affordability of housing by seeking outside funding sources | | | |
| a | Number of federal and/or state grants applied to annually | 2 | 4 | 200% |
| b | Number of other sources sought for housing funds annually | 2 | 3 | 150% |

ACCESSIBLE HOUSING

| | | | | |
|---|--|-----|-----|------|
| 3 | Provide assessable housing to community members with disabilities | | | |
| a | Percentage of housing rented to people with disabilities | 5% | 11% | 220% |
| b | Percentage of accessible housing | 10% | 10% | 100% |

Counties Served:
Crawford, Harrison, Washington

PROGRAM EVALUATION FINAL REPORT FY2016

TRANSITIONAL HOUSING

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | To provide housing assistance for victims of domestic violence | | | |
| a | Percentage of women who are referred that are placed in transitional housing | 25% | 60% | 240.0% |
| b | Percentage of families transitioning into permanent housing | 50% | 91% | 182.0% |
| 2 | Maintain self sufficiency in woman served by transitional housing | | | |
| a | Percentage of woman who are referred to community resources (i.e. learning center, daycare services, employment services, counseling) | 75% | 100% | 133.3% |
| b | Percentage of women who obtained/maintained employment while in transitional housing | 75% | 75% | 100.0% |
| c | Percentage of woman who achieve half of their Individual Program Goals | 85% | 85% | 100.0% |

HOUSING SWOT ANALYSIS

STRENGTHS

Autumn Ridge has great location next to interstate
Newest apartments in the area
Only apartments in County with 4 bedroom apartments.

WEAKNESSES

Not enough apartments to meet demand for lowest income levels
Lack of renters able to pay for 3 bedroom apartments, even at affordable rent levels of 40% AMI or 50% AMI
Need more 2 bedroom apartments and some 1 bedroom apartments

OPPORTUNITIES

More senior housing needed to accommodate retiring baby boomers

THREATS

Grant resources for construction of new housing has been cut substantially.
Grant Resources are limiting amount they will spend per unit on construction or rehab as a result of less resources, making it harder to find all the necessary money to construct or rehab facilities.

PROGRAM EVALUTATION MANAGEMENT REPORT FY2016

PROGRAM: HOUSING

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | no |
|---|--|----|

| | |
|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

We met or exceeded every goal except the ratio of apartments to be rented to individuals and families at 40% to 50% AMI levels and the number to rent to individuals and families at 51% AMI to 60% AMI was not met. This may be due to economic conditions in Harrison County the goal to serve 30% AMI to 40% AMI levels were exceeded by 44%, indicating the majority of our tenants are making 30% to 40% of the area median income but are still managing to pay the higher rents.

| | |
|---|--|
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

The Housing Department has run advertising trying to attract more 40% to 60% AMI levels, however this was not achieved. This will continue to be a goal in the future.

INDUSTRIES/JANITORIAL

Corydon Blue River Industries

Salem Blue River Industries

Janitorial Services

PROGRAM EVALUATION FINAL REPORT FOR FY2016

CORYDON BLUE RIVER INDUSTRIES

| Primary Measures | | Goal | Number Measured | Number Achieved | Percent Outcome Achieved | Percent of Goal Achieved |
|-------------------------|--|----------------------------|---------------------------|------------------------|---------------------------------|---------------------------------|
| 1 | To increase individual productivity of consumers | | | | | |
| a. | Percent of consumers that participate in work services for a minimum of one year AND increased average monthly production rate from the beginning of the first quarter to the end of the fourth quarter. | 75% | 41 | 8 | 20% | 26% |
| 2 | To increase hourly earnings for consumers | | | | | |
| a. | Percent of consumers that participated in work services for a minimum of one year AND increased their average wage earned from the beginning of quarter one to the end of the fourth quarter. | 75% | 41 | 14 | 34% | 46% |
| 3 | To minimize the number of consumers that have a reportable accidents | | | | | |
| a. | Percent of consumers that did not have a reportable accident during the reporting period | 100% | 41 | 41 | 100% | 100% |
| 4 | Maximize satisfaction of person served and their advocates - percent of ratings in the top two categories on general satisfaction | 100% | | | | 98% |
| a. | Percent of consumers that indicated satisfaction level in top two categories of consumer satisfaction survey. | Based on Surveys returned. | | | | |
| 5 | Maximize satisfaction of customers - percent of ratings in the top two categories on Customer Satisfaction Survey. | 100% | Based on Surveys Returned | | | 99% |

CORYDON INDUSTRIES SWOT ANALYSIS

STRENGTHS

- Dedicated staff, balance needs of consumers and production.
- ISO 9001 quality certification.
- Indiana DOL INSHARP certification.
- Years of experienced staff.

WEAKNESSES

- Secure dependable employees.
- Amount of work available.

OPPORTUNITIES

- Secure new contract work.

THREATS

- Lack of appropriate work force to fill job opening.
- Foreign competition for sub contract work.
- Lack of funding for services provided

| SALEM BLUE RIVER INDUSTRIES | | | | | | |
|------------------------------------|--|-------------|--------------------------|------------------------|---------------------------------|---------------------------------|
| Primary Measures | | Goal | Number Measured | Number Achieved | Percent Outcome Achieved | Percent of Goal Achieved |
| 1 | To increase individual productivity of consumers | | | | | |
| a. | Percent of consumers that participate in work services for a minimum of one year AND increased average monthly production rate from the beginning of the first quarter to the end of the fourth quarter. | 75% | 45 | 24 | 52% | 69% |
| 2 | To increase hourly earnings for consumers | | | | | |
| a. | Percent of consumers that participated in work services for a minimum of one year AND increased their average wage earned from the beginning of quarter one to the end of the fourth quarter. | 75% | 45 | 9 | 20% | 27% |
| 3 | To minimize the number of consumers that have a reportable accidents | | | | | |
| a. | Percent of consumers that did not have a reportable accident during the reporting period | 100% | 45 | 42 | 93% | 93% |
| 4 | Maximize satisfaction of person served and their advocates - percent of ratings in the top two categories on general satisfaction | | | | | |
| a. | Percent of consumers that indicated satisfaction level in top two categories of consumer satisfaction survey | 100% | based on survey returned | | 100% | 100% |
| 5 | Maximize satisfaction of customers - percent of ratings in the top two categories on Customer Satisfaction Survey. | 100% | based on survey returned | | 99% | 99% |

SALEM INDUSTRIES SWOT ANALYSIS

STRENGTHS

- Amount of work available
- Variety of work meets the needs of consumers with severe disabilities
- Caring, dedicated staff balance needs of consumers and production
- ISO 9001 quality certification
- Indiana DOL INSHARP certification

WEAKNESSES

- Lack of industrial equipment to meet production needs
- Limited floor space for job growth and additional industrial equipment

OPPORTUNITIES

- New contract opportunities as companies seek labor
- Affirmative Industries and employment of people without disabilities

THREATS

- National and state changes in "acceptable" employment outcomes for people with disabilities
- Lack of funding
- Slow economy
- Foreign competition for subcontract work

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Industries -- Corydon and Salem

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| | Secure more contract work. | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| | Increase sale contacts during FY2017. | |

Program Evaluation Final Report FY16

Janitorial

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | Maximize satisfaction of person served and their advocates - percent of ratings in the top two categories on general satisfaction. | 100% | 100% | 100% |
| 2 | Maximize satisfaction of customers-percentage of ratings in the top two categories on the Customer Satisfaction Survey. | | | |
| 3 | Person served will have opportunities to train and or work as a janitorial associate. | 25% | 20% | 80% |

Supplemental Information

1 & 2 Annual Satisfaction Survey

STATE USE FACILITIES - I-64 WELCOME CENTER/HENRYVILLE AND TAYLORSVILLE REST PARK/SEYMOUR ANNEX

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | Avoid citations that require a Plan of Correction by the State to address serious contract issues at each site. | 0% | 10% | 90% |
| 2 | To optimize the number of persons with a disability employed through State Use | 51% | 53% | 104% |
| 3 | Maximize satisfaction of INDOT- percent of ratings in the top two categories on Customer Satisfaction Survey. | | | |
| 4 | Maximize satisfaction of person served and their advocates - percent of ratings in the top two categories on general satisfaction question. | 100% | 100% | 100% |
| | | | | |

Supplemental Information

Customers did not return survey-no data to rate BRS Locations #2 & State Use Facilities #3.

JANITORIAL SWOT ANALYSIS

State Use Facilities

STRENGTHS

Strong on site managers.

Great customer service with Indiana Department of Transportation.

WEAKNESSES

Securing part time employees.

Securing Subs.

OPPORTUNITIES

Full time employment for persons with a disability.

Contract Revenue.

THREATS

State Budget.

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Janitorial/State Use

| | | |
|---|---|----|
| | | |
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| | Customers receiving janitorial services did not return survey. Labor shortage was direct cause of complaint at INDOT sites. | |
| | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| | Follow up contact with customers to encourage completing survey. Continue to seek qualified employees to fill job openings for State Use. | |

RESIDENTIAL SERVICES

Supervised Group Living (SGL)

PROGRAM EVALUATION FINAL REPORT FY2016

RESIDENTIAL SUPERVISED GROUP LIVING

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1. | 70% of residents will achieve 50% of their objectives. | 70% | 79% | 113% |
| 2. | Number of days all available beds are utilized | 95% | 98% | 103% |
| 3. | 96% of family satisfaction survey questions will be rated 4 or above. | 96% | 93% | 97% |

SWOT Analysis

Residential Supervised Group Living

Strengths

- Core of dedicated and skilled staff
- Well established and historically fiscally sound program
- Extensive knowledge of regulations governing operation of homes.
- Satisfaction of service recipients and their significant others.
- Homelike atmosphere fostered in group homes.
- Community based service.
- Emphasis on service recipient input into their programming

Consistently good results on quality and compliance surveys.

Weaknesses

Group homes are a cost-effective way to provide residential services.

- Staff turnover/ inability to hire new staff.
- Stressful working environment.
- Need for better staff training program and ways to facilitate ongoing training.
- Unpopular working hours.
- Lack of competitive wages and benefits.
- Inability to fill open beds due to inefficiency of the referral system.
- Staff morale and commitment.
- Need for better technology to enhance programming.
- Need for better management training program.
- Poor quality marketing program and marketing materials (Eg. SGL Brochure)

Opportunities

- State emphasis on person centered planning.
- Attracting new staff to our team.
- Waiver services are more costly and require more staff.
- Exploiting competitors' vulnerabilities.
- Increased use of technology to enhance services and increase efficiency.
- Building on a reputation of quality to improve our company brand.
- Many Indiana residents still waiting for services.

Threats

- Emphasis by state agencies on alternate community based services.
- Aging population in group homes.
- Aging facilities and equipment.
- Negative press concerning care of individuals.

Possibility of politically motivated changes to programs.
 Competition from other agencies.
 Trend by state agencies toward cutting or limiting services to our client base.
 Limited political clout of our clientele and industry.
 Changing policies by state agencies and costs associated with those changes.
 New providers moving into service areas.

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Residential Supervised Group Living (SGL)

| | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | No |
|---|--|----|

| | |
|---|--|
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. |
|---|--|

We exceeded goals 1 and 2. Goal 3 was not met. We have a high standard on that goal which is hard to meet consistently. Family satisfaction is a volatile thing and often is contingent on a few bad experiences in an otherwise good year. The negative situations tend to be more outstanding in people's minds when doing surveys. We are at odds with family members/ guardians/ advocates when we do not do things exactly the way they prefer. When we are told to do things that violate our policy or mission or basic human rights we refuse to do them This is not acceptable to some family members and is reflected in negative ratings on satisfaction surveys. I think some people who are very satisfied with our service just don't return the surveys and those who have negative comments are more likely to send the survey in. We have also had some individuals who were confused about the rating system and rated their satisfaction the exact opposite of how they really felt. These are the factors that affect the ratings on the satisfaction surveys. Although we didn't meet our goal we are happy that 93% of our survey respondents are very satisfied with our services and we have increased our goal in this area from past goals.

| | |
|---|--|
| s | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. |
|---|--|

We will continue to work with families/ guardians and advocates to increase their overall satisfaction with our services. We always address any issues that are brought to our attention immediately and thoroughly. We are at times unable to meet every request from those individuals due to our policies, state laws or regulations, or our commitment to protecting basic human rights. We are sometimes asked to force a client to do something because the guardian or advocate wants it done. If the client is not in agreement we are committed to assisting them to advocate for themselves especially if the situation involves a basic human right.

TRANSPORTATION SERVICES

Day Service

Public

Medicaid

Pre-School

PROGRAM EVALUATION FINAL REPORT FY2016

DAY SERVICE TRANSPORTATION

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a Rating of 4 or 5. | 100% | 84% | 84% |
| 2 | Ensure that day routes are properly managed through daily coverage, and any changes are handled in a timely manner, daily. Ensuring that there is a vehicle daily to meet the needs for these clients. Measured through TM dispatch database and manifest paper data. | 100% | 100% | 100% |

PUBLIC TRANSPORTATION

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a Rating of 4 or 5. | 100% | 94% | 94% |
| 2 | Log all drug FTA updates effectively every quarter. Including Pre-employment, Random and MIS reports. | 100% | 100% | 100% |
| 3 | Transportation Management to attend all meetings provided for training through RTAP and INDOT, June and September. | 100% | 100% | 100% |

MEDICAID TRANSPORTATION

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a Rating of 4 or 5. | 100% | 92% | 92% |
| 2 | Properly document each one way Medicaid transportation trip, using the proper paperwork and Medicaid authorizations, with each trip having it's own Medicaid sheet per customer. | 100% | 100% | 100% |

PRE-SCHOOL TRANSPORTATION

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a Rating of 4 or 5. | 100% | 100% | 100% |
| 2 | Maintenance Facility will operate effectively for the mid buses that serve these clients by performing yearly ISP inspections on all child supported vehicles. | 100% | 100% | 100% |

SUPPLEMENTAL INFORMATION

| | | | |
|---|--|--------|--|
| <i>Average rider time per one way trip:</i> | | 45 min | |
| <i>Number of people served:</i> | | | |
| Day Service: | | 38 | |
| Medicaid: | | 163 | |
| Public: | | 10,565 | |
| Pre-school: | | 14 | |
| Number of one-way trips: | | 40,057 | |
| Number of vehicles with mileage in excess of 100,000: | | 19 | |

SWOT ANALYSIS

TRANSPORTATION

| | |
|----------------------|--|
| STRENGTHS | <p>Southern Indiana Transit System (SITS) has many strengths. The main one is versatility on manpower assignments with driving staff and ability to meet the many needs of Blue River Services, Inc. consumers and the public. SITS has strategically requested vehicles to fulfill community need and uses economical dispatch resources. SITS transportation has been very successful in meeting the needs of the community.</p> |
| WEAKNESSES | <p>SITS has a limited budget, which also limits the amount of transportation that can be provided. Local match is also a weakness overall, especially in some counties where funding is limited. Lack of funding sources that would help bring down the federal subsidy or state funding via INDOT regulations. This shortfall also prevents some counties from adopting SITS services</p> |
| OPPORTUNITIES | <p>Corporate providers of liability-driven investment funding would supplement existing funding with donations and help subsidize the existing local match that is received from the counties served by SITS</p> |
| THREATS | <p>Ongoing threats are inability to sustain local match to continue public transportation services in the counties we serve. Other threats include cuts in government funding, specifically entities that set funding limits for the Department of Transportation. This has in the recent past limited SITS' ability to expand to other counties. Security for vehicles that are stored outside Harrison County is another threat. Vehicles have been vandalized, catalytic converters have been stolen, along with other items that have been taken from vehicles, and gas has been siphoned from vehicles as well.</p> |

WOMEN, INFANTS AND CHILDREN

Crawford
Harrison
Orange
Washington

PROGRAM EVALUATION FINAL REPORT FY2016

WIC SERVICES

| | | Goal | Outcome | Percent Achieved |
|---|---|-------------|----------------|-------------------------|
| 1 | Number of clients receiving supplemental foods and nutrition counseling. | | | |
| 2 | Percent of infants who were breastfed at least once per day until 6 months of age. | | | |
| 3 | Percent of infants who were breastfed at least once | | | |
| 4 | Percent of ratings in the top two categories on the Consumer Satisfaction Survey question, "Is WIC a good program?" | | | |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: WIC

| | | |
|---|--|--|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| | | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| | | |

YOUTH SERVICES

Wyandotte House Youth Shelter
Safe Place

PROGRAM EVALUATION FINAL REPORT FY2016

WYANDOTTE HOUSE

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | To provide emergency (up to 20 days) or long-term shelter for children ages 10-18 | | | |
| a | Percent of referred children who are admitted for residential services | 90% | 90% | 100% |
| b | Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges | 25% or less | 27% | 100% |
| 2 | To promote family reunification and community placement | | | |
| a | Percent of children who transition into a less restrictive environment | 75% | 60% | 80% |
| b | Percent of children who maintain contact with family | 95% | 96% | 101% |
| 3 | To increase or support independence through skill acquisition for children who are placed for long-term care | | | |
| a | Percent of children who achieve at least 75% of their objectives in the Individual Service Plan | 75% | 75% | 100% |
| b | Percent of children who maintain public school attendance during placement | 90% | 90% | 100% |
| 4 | Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction | 80% | 93% | 116% |
| 5 | Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction | 80% | 93% | 116% |

| Supplemental Measures | | Number of placements served / county | |
|--|-----------------------------------|---|----|
| Reasons for declining / refusing placement services | | Davies | 1 |
| a. | Inappropriate Services: 5% | Lawrence | 1 |
| b. | Facility at Capacity: 5% | Crawford | 6 |
| Total Declined : 10% | | Harrison | 10 |
| | | Floyd | 1 |
| | | Clark | 7 |
| | | Marion | 1 |
| | | Bartholemew | 2 |
| | | Spencer | 1 |
| | | Monroe | 2 |
| Average duration of care per child -average number of days per placement | | Scott | 4 |
| a. | Long-term Placement Average - 106 | Vandeburgh | 4 |
| b. | Emergency Placement Average - 8 | Washington | 1 |
| | | Davies | 1 |
| | | Lake | 1 |
| | | Madison | 1 |
| | | Total unduplicated # of children served = 23 | |
| | | 44 | |

YOUTH SERVICES SWOT ANALYSIS

STRENGTHS

- Caring Staff
- On-site TF-CBT
- Ability to provide emergency and long-term care
- Children's educational requirements are not interrupted
- Children remain close to home.
- TTM Curriculum
- Community Support
- On-site tutoring
- Excellent contract and therapy survey outcomes.

WEAKNESSES

- Staff (turnover)
- Internal Communication
- Documentation Tracking / Quality

OPPORTUNITIES

- Participation in Youth Service Councils
- Service Area Expansion

THREATS

- Competition
- Lack of Appropriate Referrals
- Change in funding methods / rate structure
- State licensing vs State therapeutic conflicts in youth/family services.

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Youth Services

| | | |
|--|--|----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | NO |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| To promote family reunification and community placement: Items 1: Program has seen a significant increase in referrals for youth who have greater mental health needs which have resulted in exits from program to treatment facilities. | | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| To promote family reunification and community placement: Item 1: Program has restructured the entrance screening process in an effort to insure programs ability to meet youth need. | | |

PROGRAM EVALUATION FINAL REPORT FY2016

SAFE PLACE

| Primary Measures | Goal | Outcome | Percent Achieved |
|---|-------------|----------------|-------------------------|
| Increase youth and community awareness of program | | | |
| Number of articles published annually regarding SP program (BRS Newsletter, HCCF Nslt, Newspaper) | 4 | 4 | 100% |
| Number of community presentations annually (6 Lion's Club, 4 After School, 1 YMCA) | 4 | 4 | 100% |
| Number of students receiving SP information annually | 1000 | 1773 | 177% |

| Primary Measures | Goal | Outcome | Percent Achieved |
|--|-------------|----------------|-------------------------|
| Volunteer Recruitment and Maintenance | | | |
| Maintain active list of volunteers | 0 | 0 | N/A |
| Number of volunteer trainings held per year | 0 | 0 | N/A |
| Percentage of trained volunteers with complete background checks | 0% | 0% | N/A |

| Primary Measures | Goal | Outcome | Percent Achieved |
|---|-------------|----------------|-------------------------|
| Site Recruitment and Maintenance | | | |
| Percentage of established sites provided with SP contact information | 100% | 100% | 100% |
| Percentage of sites with visible Safe Place signs and/or decals | 100% | 100% | 100% |
| Percentage of established sites (up to 30) that are actively maintained | 100% | 100% | 100% |

SUPPLEMENTAL INFORMATION

| | | | |
|---|----|----------|--|
| Number of established sites: Harrison | 30 | vehicles | |
| Number of pending sites: Crawford | 10 | | |
| Number of calls to hotline: | 4 | | |
| Number of youth requesting help at sites: | 1 | | |

PROGRAM EVALUATION MANAGEMENT REPORT FY2016

PROGRAM: Safe Place

| | | |
|---|--|-----|
| 1 | Did your program meet or exceed all of the goals identified? (Yes or No) | YES |
| 2 | For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal. | |
| | | |
| 3 | List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year. | |
| | | |