



PROGRAM EVALUATIONS

FY 2018



CHILDREN'S SERVICES

Rainbow's End – Corydon and Georgetown

21st Century Community Learning Centers

PROGRAM EVALUATION FINAL REPORT FY2018

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 | 20 | 133% |
| 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 | 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 | 0 | 200% |
| 5 | Optimize parents involvement | | | |
| a | Percent of parents attending parent teacher conferences for 5-year-old class. | 50% | 68% | 136% |
| 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% | 100% | 105% |

Corydon Child Care Supplemental Information

Number of Children Served: 105
 Number of Funding Children Served: 22
 Number of Children to Withdraw: 29
 Licensure Capacity: 156
 Staff Turnover: 65.52%

PROGRAM EVALUATION MANAGEMENT REPORT FY2018

PROGRAM: Rainbow's End Child Care Center - Corydon

| | | |
|---|---|-----|
| 1 | Did your program meet or exceed all of the goals identified? YES (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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| 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 the Corydon center, however, staff turnover continues to be extremely high. During the next year, the Director will meet with center managers to discuss ways to increase job satisfaction. Discussions will be documented in minutes.

RAINBOW'S END GEORGETOWN FINAL REPORT FY2018

| Primary Measures | | Goal | Outcome | Percent Achieved |
|------------------|--|--------|------------|------------------|
| 1 | Optimize staff training: average number of in-service hours AND training for child care staff | 15 | 15 | 100%+ |
| 2 | Maximize the variety of activities offered: percent of activity areas covered per week (gross motor, manipulative procedures, dramatic play, language, math, science, sensory) | 10/day | 5 | 50% |
| 3 | Provide learning opportunities that follow a predetermined theme: percent of weekly activities that correspond with the weekly theme | 85% | 25% | 29% |
| 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% | 0% | 0% |
| b. | Number of informational articles provided to parents per year | 12 | 0 | 0% |
| 6 | Maximize satisfaction of families served: percent of ratings in the top two categories on general satisfaction survey | 95% | 89% | 94% |
| | | | | |

Georgetown Child Care Supplemental Information

Number of Children Served: 84
 Number of children who receive funding: 6
 Number of Withdrawals: 20
 Licensure Capacity: 92
 Staff Turnover Rate: 75%

PROGRAM EVALUATION MANAGEMENT REPORT FY2018

PROGRAM: Rainbow's End Child Care Center - Georgetown

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

The major reason this center did not meet its goals due to lack of a competent manager.

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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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A manager has been hired. The Director of Children's Services will work closely with the new manager to provide needed training and support.

| EAST WASHINGTON ELEMENTARY AND MIDDLE SCHOOL FINAL REPORT FY2018 | | | | |
|---|---|-------------|----------------|-------------------------|
| 21st CCLC PROGRAM | | | | |
| Primary Measures | | Goal | Outcome | Percent Achieved |
| 1 | Program enrollment will meet the target number of students by year end. | 50 | 70 | 140% |
| 2 | At least 90 percent of all participating students will meet the program attendance goal by year end. | 90% | 51/70 | 73% |
| 2 | Optimize staff training: average number of in-service hours and training per afterschool staff | 15 | 59.75 | 398% |
| 3 | Participants will score a grade C or higher on reading/language arts report card | 75% | 73% | 97% |
| 4 | Participants will score a grade C or higher on math report card | 75% | 71% | 94.6% |
| 5 | Minimize the number of accidents that require medical attention: number of accidents that require medical attention | 2 | 0 | 200% |
| 6 | Optimize parent involvement | | | |
| a. | Number of family events hosted | 4/Year | 6 | 150% |
| b. | Average percent of parents attending family events | 75% | 27% | 36% |
| LATCHKEY AFTERSCHOOL | | | | |
| 1 | Number of children enrolled | 30 | 9 | 30% |

| PROGRAM EVALUATION MANAGEMENT REPORT FY2018 | | |
|--|--|----|
| PROGRAM: East Washington Elementary/Middle School | | |
| 1 | Did your program meet or exceed all of the goals identified? NO (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. | |
| This school came very close to meeting all of its objectives with the exception of involving parents. Determining factors for not achieving this could be parental lack of interest, lack of transportation, or conflicting schedules. | | |
| 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. | |
| Program staff will conduct a survey to determine why parents are not attending events and will work to remedy the problem. | | |

MEDORA ELEMENTARY/MIDDLE SCHOOL - FINAL REPORT FY2018

21st CCLC Program

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|---|-------------|----------------|-------------------------|
| 1 | Program enrollment will meet or exceed the target number. | 100 | 76 | 76% |
| 2 | At least 90 percent of all participating students will meet the program attendance goal by year end. | 90% | 55/76 | 72% |
| 3 | Optimize staff training; average number of service hours and training per afterschool staff | 15 | 33.2 | 221% |
| 4 | Participants will score a grade of C or higher on reading/language arts on first and second semester report cards | 75% | 91% | 121% |
| 5 | Participants will score a grade of C or higher on math first and second semester report cards | 75% | 88% | 117% |
| 6 | Minimize the number of accidents that require medical attention: number of accidents that require medical attention | 2 | 0 | 200% |
| 7 | Optimize parent involvement | | | |
| a. | Number of family events hosted | 4/year | 7 | 175% |
| b. | Average percent of parents attending family events | 75% | 38% | 51% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2018

PROGRAM: Medora Elementary/Jr. High

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|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? NO (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. |
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The program did not meet targeted numbers and did not reach its goal for family attendance at events. Determining factors include:
Decreasing school population and extreme poverty.

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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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This school has made tremendous progress toward meeting all of its goals. Progress has been made. Next year the target number has been decreased from 100 to 50. It is expected that this goal will be easily achieved.

MORGAN ELEMENTARY SCHOOL - FINAL REPORT FY2018

21ST CCLC PROGRAM

| Primary Measures | | Goal | Outcome | Percent Achieved |
|----------------------|---|-----------|-----------|------------------|
| 1 | Program will meet the targeted number of enrolled students by year end. | 50 | 68 | 136% |
| 1 | 100 percent of 50 students will meet an attendance goal of 60 days by year-end | 50 | 50 | 100% |
| 2 | Optimize staff training: average number of in-service hours and training per afterschool staff | 15 | 33.3 | 222% |
| 3 | Participants will score a grade of B or higher in reading/language arts | 75% | 70% | |
| 4 | Participants will score a grade of B or higher in math | 75% | 66% | |
| 5 | Minimize the number of accidents that require medical attention: number of accidents that require medical attention | 2 | 0 | 200% |
| 6 | Optimize parent involvement | | | |
| a. | Number of family events hosted | 4/year | 6 | 150% |
| b. | Average percent of parents attending family events | 75% | 38% | 51% |
| LATCHKEY AFTERSCHOOL | | | | |
| 1 | Number of children enrolled | 30 | 12 | 40% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2018

PROGRAM: Morgan Elementary

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

This school came very close to meeting all of its objectives with the exception of involving parents. Determining factors for not achieving this could be parental lack of interest, lack of transportation, or conflicting schedules. Also more children could be enrolled in the fee based afterschool program. Staff shortage is most likely the determining factor as to why more children are not participating.

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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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Program staff will conduct a survey to determine why parents are not attending events and will work to remedy the problem. Also, the director will discuss with the program manager ways to recruit and maintain staff. Discussions will be documented in the minutes.

NORTH HARRISON ELEMENTARY SCHOOL - FINAL REPORT FY2018

21ST CCLC PROGRAM

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------------------|---|--------|---------|------------------|
| 1 | Program will meet the targeted number of enrolled students by year end. | 50 | 50 | 100% |
| 2 | 100 percent of students will meet an attendance goal of 60 days by year-end | 100% | 100% | 100% |
| 3 | Optimize staff training: average number of in-service hours and training per afterschool staff | 15 | 53.4 | 356% |
| 4 | Participants will score a grade B or higher on reading/language arts report card | 75% | 40/50 | 80% |
| 5 | Participants will score a grade B or higher on math report card | 75% | 34/50 | 68% |
| 6 | Minimize the number of accidents that require medical attention: number of accidents that require medical attention | 2 | 2 | 100% |
| 7 | Optimize parent involvement | | | |
| a. | Number of family events hosted | 4/year | 6 | 150% |
| b. | Average percent of parents attending family events | 75% | 49% | 66% |
| LATCHKEY AFTERSCHOOL PROGRAM | | | | |
| 1 | Number of Students Enrolled | 30 | 26 | 87% |

PROGRAM EVALUATION MANAGEMENT REPORT FY2018

PROGRAM: North Harrison Elementary School

- | | | |
|---|--|----|
| 1 | Did your program meet or exceed all of the goals identified? NO (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>Goals not met: 1) 5% of participants will score a B or better on their Math Report Card grade; 2) 75% of parents will attend family events; 3) 30 children will enroll in the Latchkey Program. Determining factors for numbers 1 and 3 not being reached is due to inability to employ adequate staff. A determining factor for # 2 is because parents either lack interest or because events conflict with other appts. on their calendar.</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>Director will discuss with managers, ways to recruit and maintain adequate staff. Discussion will be noted in minutes. Increasing family involvement in programming will be a top priority next year. The program as a whole will be focusing on improving parent participation.</p> | | |



COMMUNITY RESOURCES

Habilitation
In-Home Services
Structured Family Care

HABILITATION PROGRAM EVALUATION ANNUAL REPORT FY18

CORYDON

| | | Goal | Outcome | Percent Achieved |
|---|--|------|---------|------------------|
| 1 | Maximize the number of service hours provided | 85% | 77% | 91% |
| 2 | 80% percent of persons served will achieve 75% of their objectives. | 80% | 53% | 66% |
| 3 | Maximize personal choice - percent of goals that contain choice-making opportunities. | 90% | 71% | 79% |
| 4 | Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey. | 100% | 100% | 100% |
| | | | | |

SALEM

| Primary Measures | | Goal | Outcome | Percent Achieved |
|------------------|--|------|---------|------------------|
| 1 | Maximize the number of service hours provided | 85% | 78% | 92% |
| 2 | 80% percent of persons served will achieve 75% of their objectives. | 80% | 52% | 65% |
| 3 | Maximize personal choice - percent of goals that contain choice-making opportunities. | 90% | 69% | 77% |
| 4 | Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey. | 100% | 100% | 100% |
| | | | | |

PALMYRA

| Primary Measures | | Goal | Outcome | Percent Achieved |
|------------------|--|------|---------|------------------|
| 1 | Maximize the number of service hours provided | 85% | 83% | 98% |
| 2 | 80% percent of persons served will achieve 75% of their objectives. | 80% | 50% | 63% |
| 3 | Maximize personal choice - percent of goals that contain choice-making opportunities. | 90% | 78% | 87% |
| 4 | Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey. | 100% | 0% | 0% |

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 FY18

PROGRAM: Habilitation Program

| | | |
|---|--|----|
| 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. |
|---|--|

Maximize the number of service hours provided - consumer absence, staff absence & training, inclement weather. Palmyra was closest to meeting the goal of 85% at 83% and the other two locations were at 77% and 78%. Maximize personal choice - guardian input limiting personal choice, SGL completing day services ISP and this not being considered when the ISP is created. Maximize satisfaction of persons served - Corydon and Salem were both at 100%. Palmyra had no returned surveys for either the consumer or advocates.

| | |
|--|--|
| | 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. |
|--|--|

Continue to minimize staff absences and attempt to have training during times that would not interfere with providing services. Continue to advocate for consumer choice with guardians and request SGL include choice making opportunities for consumers residing in their homes. The response rate from consumer satisfaction surveys was again very low, with no response from the Palmyra site. Management will evaluate how to better distribute surveys to improve response.

IN-HOME SERVICES PROGRAM EVALUATION REPORT FY18

| 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% | 100% |
| b | Prevent temporary placement in behavioral medicine unit - percent of persons served that experience a temporary placement in a behavioral medicine unit | 0% | 2% | 98% |
| c | Increase or support independence through skill acquisition-100% of persons served will achieve 75% of objectives on the ISP. | 100% | 92% | 92% |
| 2 | Maximize utilization of authorized service hours - percent of authorized hours that were used by the family | | | |
| a | Utilization of Respite services | 75% | 67% | 89% |
| b | Residential Habilitation and Support | 90% | 83% | 92% |
| c | Day Services | 90% | 78% | 86% |
| d | Attendant Care | 90% | 59% | 66% |
| e | PAC | 90% | 77% | 86% |
| 3 | Maximize satisfaction of persons served and their advocates - percent of ratings in the top two categories on general satisfaction. | 100% | 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 FY18

PROGRAM: In-Home 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. |
|---|--|

One individual had multiple admissions to the behavioral unit during the 2nd six-month eval period.
Utilization of service hours - consumer illness, staff absence and training, inclement weather, scheduling conflicts.

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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. |
|---|--|

Recommend wellness services for consumers that would benefit in hopes to decrease hospitalizations and inpatient stays.
Schedule training during non-service hours, provide sub staff when possible, hire additional sub staff.

STRUCTURED FAMILY CARE ANNUAL EVALUATION REPORT FY18

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% | 73% | 73.0% |
| 2 | Increase or support independence through skill acquisition - 98% percent of persons served will achieve 100% of ISP objectives | 98% | 89% | 91% |
| 3 | Maximize satisfaction of persons served - percent of ratings in the top two categories in general on satisfaction survey. | 100% | 100% | 100% |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

PROGRAM: Structured Family

| | | |
|---|--|----|
| 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. |
|---|--|

Only 73% of persons served remained in a stable home for one year - this is primarily due to multiple moves by the consumer. 89% of the consumers served met 100% of the ISP goals. This is very close to the goal, staff will continue to work with the consumers in attempt to have 100% in this area.

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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. |
|---|--|

The consumer that had multiple moves is scheduled to exit the program and move into a Supported Living environment, which will hopefully provide the consumer with the living arrangement for him to be the most successful. Revise training strategies if needed to ensure the best training opportunities.

WELLNESS COORDINATION FINAL PROGRAM EVALUATION REPORT FY18

| 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% | 100.0% |
| b | Prevent hospitalization: percent of people served who are temporary placed in the hospital | | | 20% | 23% | 115% |
| 3 | Maximize satisfaction of people served: percent of ratings in the top two categories of overall general satisfaction | | | 90% | 100% | 111.1% |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

PROGRAM: Wellness Coordination

| | | |
|---|--|----|
| 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. |
|---|--|

The goal of only 20% of the persons served having a hospital admission was exceeded to 23% - which is 3% over the goal. Two consumers had multiple admissions to the hospital and psychiatric hospital.

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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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Continue to closely monitor consumers who are at higher risk for admission.

EMPLOYMENT SERVICES

Discovery
Placement
Supported Employment

TWELVE-MONTH PROGRAM EVALUATION REPORT FY18

DISCOVERY

| Primary Outcome Measures | | Goal | Outcome | Percent Achieved |
|---------------------------------|---|-------------|----------------|-------------------------|
| 1 | To minimize length from referral to discovery: Average number of days | 45 | 5 | 900% |
| 2 | To maximize discovery services: Percent of persons served who complete discovery services | 75% | 79% | 105% |

Placement

| Primary Measures | | Goal | Outcome | Percent Achieved |
|-------------------------|--|-------------|----------------|-------------------------|
| 1 | To obtain community-based employment - percent of persons obtaining community-based employment. | 80% | 55% | 69% |
| 2 | To obtain a regular competitive wage - average hourly wage | \$7.25 | \$8.88 | 122% |
| 3 | To maximize job retention - percent of persons that retain employment for 90 days | 75% | 84% | 112% |
| 4 | To minimize program length from referral to placement - average number of days from referral to placement | 180 | 180 | 100% |
| 5 | Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective | 95% | 100% | 105% |
| 6 | Maximize satisfaction of persons served - percent of ratings at satisfactory or greater | 95% | 100% | 105% |
| 7 | Maximize satisfaction of employers - percent of ratings at satisfactory or greater | 80% | 100% | 125% |
| 8 | Maximize satisfaction of referral sources (VR) - average percent of ratings at satisfactory or greater | 95% | 71% | 75% |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

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. |
|---|--|

Percent of persons obtaining community-based employment was not met.

1. Referrals are serving the most significantly disabled
2. Employers require applicants to cross-train in all areas of work/positions.

Average percent of referral source ratings at satisfactory or greater was not met.

1. Shared service region with one service area eventually closing due to loss in staffing.

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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. |
|---|--|

Employment Placement

1. Advocate with referral sources to increase assessment opportunities with local employers for all referrals.

EMPLOYMENT SERVICES SWOT ANALYSIS

STRENGTHS

- Experienced Staff
- External Partnerships
- CARF Accreditation
- Staff Retention
- Car Loan Program
- Staff Training
- Service Coordination

WEAKNESSES

- Placement Numbers
- Complacency
- Time Management
- Workload

OPPORTUNITIES

- Service Establishment Project
- Marketing / Outreach
- Partnerships\ Development
- Council & Board Seating's
- Order of Selection
- Program Restructure

THREATS

- Employers Require Multi-Tasking/Cross-Training
- State Restructure
- Order of Selection
- Client Work Ethic
- Funding

FAMILY SERVICES

First Steps
Healthy Families

| FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY18 | | | | |
|--|---|--------|---------|------------------|
| 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% | 95.8% | 96% |
| 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% | 1.7% | 123% |
| 6 | Children birth to 3 will be served. | 3.00% | 5.0% | 166% |
| Supplemental Information | | | | |
| Average Enrollment / Month = 152 | | | | |
| Number of Referrals = 2939 | | | | |

| FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY18 | | | | |
|--|---|--------|---------|------------------|
| 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 | 14.0 | 129% |
| 3 | Families will complete enrollment within 45 days | 100% | 96.8% | 97% |
| 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% | 1.6% | 111% |
| 6 | Children birth to 3 will be served. | 3.00% | 4.0% | 133% |
| Supplemental Information | | | | |
| Average Enrollment / Month = 61 | | | | |
| Number of Referrals = 1143 | | | | |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

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.

While the program did improve its retention and turnover of Intake & Service Coordinators, the lasting impact of so many open positions continued to be felt. Although the state standard for enrollment within 45 days is 100%, and we use that standard, it is very hard to achieve. However, we could do better than the 96.81% (Cluster F) and 95.75% (Cluster I) we did this year. The Intake Coordinators are vital to meeting this goal and without consistent full employment in those positions it is very hard to achieve.

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 program has significantly improved its retention of Intake Coordinators. The Management Team will continue to brainstorm ways to retain employees and explore employee satisfaction. It is hoped that our transition to electronic forms (nearly paperless) and use of iPad will contribute to the success of this goal as well.

FAMILY SERVICES / PROGRAM EVALUATION FINAL REPORT FY18

HEALTHY FAMILIES

| Primary Measures | Goal | Outcome | Percent Achieved |
|--|-------------|----------------|-------------------------|
| 1 FRS will complete 8 assessments per month. | 100.0% | 75.0% | 75% |
| 2 Families offered home visitation services will accept and enroll in the program. | 50% | 47.7% | 95% |
| 3 Families enrolled in home visitation will receive 75% of their scheduled visits. | 75% | 53% | 71% |
| 4 Direct Service Staff will receive weekly supervision sessions. | 90% | 84.8% | 94% |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

| | |
|----------------------------------|--|
| 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. The program had complete turnover of Family Support Specialists in Dec/Jan for various reasons. For the remainder of the year, all home visits were completed by only the Supervisor and Program Manager. FSS turnover always impacts service delivery as some families are not able to be engaged by other staff. |
| 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. 2 of 3 FSS positions are now filled. It is expected that caseloads will be rebuilt and that quantity & quality of home visits will improve. |

HOUSING

Affordable, Accessible, Senior and
Transitional Housing

PROGRAM EVALUATION FINAL REPORT FY18

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% | 37% | 168% |
| b | Percent of applicants served with a 41-50 % AMI | 49% | 37% | 76% |
| c | Percent of applicants served with a 51-60 % AMI | 13% | 28% | 215% |
| d | Percentage of applicants served with a 61+%AMI | 16% | 7% | 44% |
| 2 | Maintain affordability of housing by seeking outside funding sources | | | |
| a | Number of federal and/or state grants applied to annually | 2 | 2 | 100% |
| 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% | 30% | 600% |
| b | Percentage of accessible housing | 10% | 26% | 260% |

PROGRAM EVALUATION FINAL REPORT FY18

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% | 50% | 200.0% |
| b | Percentage of families transitioning into permanent housing | 50% | 90% | 180.0% |
| 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% | 70% | 82.4% |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

PROGRAM: HOUSING

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.

INDUSTRIES/JANITORIAL

Corydon Blue River Industries
Salem Blue River Industries
Janitorial Services

PROGRAM EVALUATION FINAL REPORT FY18

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% | 38 | 26 | 68% | 91% |
| 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% | 38 | 23 | 60% | 80% |
| 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% | 38 | 13 | 35% | 35% |
| 4 | Maximize satisfaction of person served - 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% | 38 | 29 | 76% | 76% |
| 5 | Maximize satisfaction of customers - percent of ratings in the top two categories on Customer Satisfaction Survey. | 100% | 20 | N/A | 65% | 65% |

CORYDON INDUSTRIES SWOT ANALYSIS

STRENGTHS

Dedicated staff, balance needs of consumers and production.
ISO 9001 quality 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 openings
Changes in WIOA
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% | 33 | 10 | 30% | 40% |
| 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% | 33 | 16 | 48% | 64% |
| 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% | 33 | 1 | 97% | 97% |
| 4 | Maximize satisfaction of person served - 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% | 33 | 24 | 73% | 73% |
| 5 | Maximize satisfaction of customers - percent of ratings in the top two categories on Customer Satisfaction Survey. | 100% | 17 | N/A | 94% | 94% |

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 FY18 | | |
|--|--|----|
| 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. | |
| Labor shortage, limits Marketing Director's contract opportunities. | | |
| 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. | |
| Continue to work with HR, program management to secure dependable staff/labor. | | |

Janitorial Program Eval Final Report FY18

BLUE RIVER SERVICES LOCATIONS

| 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% | 0% | Surveys not returned |
| 2 | Maximize satisfaction of customers-percentage of ratings in the top two categories on the Customer Satisfaction Survey. | 100% | 33% | 33% |
| 3 | Person served will have opportunities to train and or work as a janitorial associate. | 25% | 100% | 400% |

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% | 2% | 98% |
| 2 | To optimize the number of persons with a disability employed through State Use | 51% | 48% | 94% |
| 3 | Maximize satisfaction of INDOT- percent of ratings in the top two categories on Customer Satisfaction Survey. | 100% | 0% | Survey not returned |
| 4 | Maximize satisfaction of person served and their advocates - percent of ratings in the top two categories on general satisfaction question. | 100% | 0% | Survey not returned |

JANITORIAL SWOT ANALYSIS

Blue River Services Locations and Community Off Sites

STRENGTHS

Janitorial vocational training for persons served.

WEAKNESSES

Labor shortage.

OPPORTUNITIES

Community employment.

THREATS

Labor shortage.

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 FY18

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. |
|---|--|

We actively sought survey responses without success.

| |
|--|
| 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. |
|--|

Continue to seek completed surveys from consumers and customers. Customers were contacted on several occasions requesting input to assist us with providing better janitorial services.

RESIDENTIAL SERVICES

Supervised Group Living (SGL)

| RESIDENTIAL SUPERVISED GROUP LIVING PROGRAM EVALUATION FINAL REPORT FY18 | | | | |
|--|---|------|---------|------------------|
| Primary Measures | | Goal | Outcome | Percent Achieved |
| 1. | 70% of residents will achieve 50% of their objectives. | 70% | 47% | 66% |
| 2. | Number of days all available beds are utilized | 95% | 97% | 97% |
| 3. | 96% of family satisfaction survey questions will be rated 4 or above. | 96% | 88% | 92% |

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
- Excellent reputation and working relationship with accrediting agencies (ISDH, BDDS)
- Consistently good results on quality and compliance surveys.
- Programming decisions are based on client need. This is the agency culture from top management to direct care.
- Group homes are a cost-effective way to provide residential services.

Weaknesses

- 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)

Resident satisfaction surveys are not effective because clients do not understand them.

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 FY18

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. |
|---|--|

Goal 1: It is difficult to set goal achievement levels that are attainable but push each resident to constantly do better. Many factors affect the ability of a resident to achieve program goals. Inherent challenges of their disability vary in severity and are affected by many external and internal factors. A significant factor that cannot be minimized is the lack of adequate staff. We must have well-trained and experienced staff to help resident's improve on program goals. We have many shifts that are understaffed or staffed with exhausted staff who do good to get through the shift but cannot make significant impact on the residents' ability to achieve their goals.

Goal 3: We have a high standard on that goal, which is hard to meet consistently. Family satisfaction is a volatile measure and often is contingent on a few bad experiences in an otherwise good year. The negative situations tend to be foremost in people's minds when doing surveys. We are at odds sometimes 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 88% 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. |
|---|--|

Goal 1: We will attempt to set goals that encourage residents to improve every year but are just at the tipping point. We continue to try every means possible to attract and retain qualified staff. We continue to focus on staff training to constantly improve the skills of our current staff.

Goal 3: We will continue to work with families/guardians/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. We will explain our position in these situations and attempt to get cooperation and satisfaction from stakeholders.

TRANSPORTATION SERVICES

Day Service
Public
Medical
Pre-School

PROGRAM EVALUATION FINAL REPORT 2018

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% | 74% *only 5 surveys returned out of 26 | 74% |
| 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% | 99% | 99% |
| 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% |

MEDICAL 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% | 87% | 87% |
| 2 | Properly document each one way Medicaid transportation trip, using the proper paperwork and Medicaid authorizations, with each trip having its own Medicaid sheet per customer. | 100% | 100% | 100% |

CHILDREN'S 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% | 0% | 0% *surveys not returned |
| 2 | Maintenance Facility will operate effectively for the midbuses that serve these clients by performing yearly ISP inspections on all child supported vehicles. | 100% | 0% | 0% |

SUPPLEMENTAL INFORMATION

| | | | |
|--------------------------------------|--|--------|--|
| Average rider time per one way trip: | | 45 | |
| Number of people served: | | 12,153 | |
| Day Service: | | 29 | |
| Medicaid: | | 168 | |
| Public: | | 9,183 | |
| Children's: | | 7 | |
| Number of one-way trips: | | 33,204 | |

**SWOT ANALYSIS
TRANSPORTATION**

STRENGTHS

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.

WEAKNESSES

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

OPPORTUNITIES 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

THREATS 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.

| PROGRAM EVALUATION MANAGEMENT REPORT 2018 | | |
|--|--|----|
| PROGRAM: TRANSPORTATION | | |
| 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. | |
| Transit failed to reach 100% satisfaction on surveys, the results of which were partly affected by a low response rate. Staff turnover also affected satisfaction this quarter. Another factor was discontinuing medical transportation as of June 1, 2018, after the state contracted with an outside broker for these services covered under Medicaid. | | |
| 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 take a more active role in survey completion by encouraging riders to provide feedback about their experience as they disembark. Management also will look into providing/collecting surveys enroute, throughout the year, rather than sending them by mail during the regular survey cycle. | | |

WOMEN, INFANTS AND CHILDREN

Crawford
Harrison
Orange
Washington

WOMEN, INFANTS AND CHILDREN Final Report 2018

| | Goal | Outcome | Percent Achieved |
|---|-------|---------|------------------|
| Number of clients receiving supplemental food and nutrition counseling | 2,370 | 2,293 | 97% |
| Percent of infants breastfed at least once a day until 6 months old | 30% | 15% | 50% |
| Percent of infants breastfed at least once | 80% | 75.2% | 94% |
| Top 2 ratings on WIC program satisfaction survey: Overall, do you feel WIC is a good program? | 100% | 0.0% | 0% |

*FY 18 surveys not distributed

PROGRAM EVALUATION MANAGEMENT REPORT 2018

| WIC | | |
|--|--|----|
| 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>Unduplicated enrollment surpassed monthly enrollment. If all participants had kept their scheduled appointments, WIC would have exceeded its goal for participation. Breastfeeding is the optimal nutrition for infants, so, in theory, all infants should be breastfed. Unfortunately, there are some circumstances that prevent moms and babies from breastfeeding.</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. | |
| | 1. Clinic Assistant will follow up on participant no-shows via phone call, text or mail | |
| | 2. Non-participation reports will be run monthly with appropriate follow-up | |
| | 3. Medicaid Outreach reports | |
| | 4. 30-day cert report with appropriate follow-up | |
| | 5. All prenatal participants will meet with Breastfeeding Peer Counselor | |
| | 6. All prenatal participants will receive educational materials supporting breastfeeding as the optimal infant feeding choice | |
| | 7. Breastfeeding moms and babies will receive adequate support from all staff | |
| | 8. Breastfeeding moms and babies will receive appropriate follow-up to prevent breastfeeding complications. | |
| | 9. All staff will receive yearly customer service training and three-step counseling. | |

YOUTH SERVICES

Wyandotte House & Corydon Ramsey Youth Shelters
Safe Place
Stepping Stone

YOUTH SERVICES SIX-MONTH PROGRAM EVALUATION REPORT FY2018

WYANDOTTE HOUSE

| Primary Measures | | Goal | Outcome | Percent Achieved |
|------------------|---|-------------|---------|------------------|
| 1 | To provide emergency (up to 60 days) or long-term shelter for children ages 6-18 | | | |
| a | Percent of referred children who are admitted for residential services | 90% | 45% | 50% |
| b | Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges | 25% or less | 20% | 100% |
| 2 | To promote family reunification and community placement | | | |
| a | Percent of children who transition into a less restrictive environment | 75% | 85% | 113% |
| b | Percent of children who maintain contact with family | 95% | 100% | 105% |
| 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% | 100% | 133% |
| b | Percent of children who maintain public school attendance during placement | 90% | 100% | 111% |
| 4 | Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction | 80% | 87% | 109% |
| 5 | Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction | 80% | 96% | 120% |

| Supplemental Measures | | | |
|---|-----------------------------------|---|---|
| Reasons for declining / refusing placement services | | | Number of placements served / county |
| a. | Inappropriate Services: 10% | c: Other: Staffing 45% | |
| b. | Facility at Capacity: | | |
| Total Declined : 55% | | | Clark 1 |
| | | | Crawford 4 |
| | | | Harrison 6 |
| | | | Floyd 4 |
| | | | Jefferson 1 |
| | | | Jennings 2 |
| | | | Marion 1 |
| | | | Monroe 1 |
| | | | Orange 1 |
| | | | Scott 1 |
| | | | St Joe 1 |
| Average duration of care per child/average number of days per placement | | | |
| a. | Long-term Placement Average - 218 | | |
| b. | Emergency Placement Average - 13 | | |
| | | Total / unduplicated # of children served = 23 | 23 |

| CORYDON RAMSEY HOUSE | | | | |
|---|--|------------------------|--|-------------------------|
| Primary Measures | | Goal | Outcome | Percent Achieved |
| 1 | To provide long-term shelter for children ages 10-18 | | | |
| a | Percent of referred children who are admitted for residential services | 90% | 40% | 44% |
| b | Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges) | 25% or less | 5% | 80% |
| 2 | To promote family reunification and community placement | | | |
| a | Percent of children who transition into a less restrictive environment | 75% | 95% | 127% |
| b | Percent of children who maintain contact with family | 95% | 95% | 100% |
| 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% | 85% | 113% |
| b | Percent of children who maintain public school attendance during placement | 90% | 100% | 111% |
| 4 | Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction | 80% | 92% | 115% |
| 5 | Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction | 80% | 100% | 125% |
| Supplemental Measures | | | | |
| Reasons for declining / refusing placement services | | | Number of placements served by county | |
| a. | Inappropriate Services:50% | c. Other: Staffing 10% | Bartholomew | 2 |
| b. | Facility at Capacity: % | | Crawford | 1 |
| Total Declined : 60% | | | Jackson | 1 |
| | | | Lawrence | 1 |
| Average duration of care per child/average number of days per placement | | | Marion | 2 |
| a. | Long-term Placement Average - 290 | | Spencer | 2 |
| | | | Total number of unduplicated children served | 9 |

YOUTH SERVICES SWOT ANALYSIS

STRENGTHS

- On-site TF-CBT
- Emergency Shelter & Open Residential Services
- Youth Focused, Person Centered Services
- Low Acuity
- Therap
- Community Integration
- IARCA

WEAKNESSES

- Staff (turnover)
- Internal Communication
- Staff Recruitment

OPPORTUNITIES

- Marketing
- Implement Therap Medication Management
- Staff Training / Development

THREATS

- Competition
- State Program Restructure
- Change in funding methods / rate structure
- Service Intensity / Level of Care Needs

PROGRAM EVALUATION MANAGEMENT REPORT FY18

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. |
|---|--|

Percent of youth admitted into residential services goal not met:

1. Unable to accept additional youth due to inability of program to meet staffing ratios.
 - a. Staff Retention
 - b. Staff Recruitment
2. Youth had diagnosis and/or multiple diagnosis requiring a level of care beyond program structure..

| | |
|---|--|
| 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. |
|---|--|

- 1a. Implement on-going staff training on trauma informed care.
- 1b. Work closely with HR to create and implement social media recruitment strategies.

SAFE PLACE 12-MONTH PROGRAM EVALUATION REPORT FY18

SAFE PLACE

| Primary Measures | Goal | Outcome | Percent Achieved |
|--|-------------|----------------|-------------------------|
| Increase youth and community awareness of program | | | |
| Number of articles published annually regarding SP program | 4 | 4 | 100% |
| Number of community presentations annually | 4 | 11 | 275% |
| Number of students receiving SP information annually | 1000 | 2892 | 289% |

| Primary Measures **Volunteers are not utilized in program at this time** | 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: | 39 |
| Number of pending sites: | 1 |
| Number of calls to hotline: | 6 |
| Number of youth requesting help at sites: | 2 |

PROGRAM EVALUATION MANAGEMENT REPORT FY18

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. |
|---|--|

PROGRAM EVALUATION FINAL REPORT FY18

Program: Stepping Stone

| Primary Measures | | Goal | Outcome | Percent Achieved |
|------------------|---|------|---------|------------------|
| 1. | Units prioritizing people experiencing chronic homelessness | 100% | 100% | 100% |
| 2. | Clients exiting to permanent housing | 90% | 100% | 111% |
| 3. | Clients remaining in permanent housing at the end of the operating year | 80% | 80% | 100% |
| 4. | Clients maintaining or increasing employment income | 80% | 100% | 125% |
| 5. | Clients maintaining or increasing case income from all available sources | 100% | 100% | 100% |
| 6. | Clients maintaining or increasing mainstream benefits | 100% | 100% | 100% |
| 7. | Maintain usage rate | 100% | 100% | 100% |
| 8. | Collect and maintain comprehensive client data: percentage of data entry that reflects zero missing information | 100% | 100% | 100% |

PROGRAM EVALUATION MANAGEMENT REPORT FOR FY18

PROGRAM: Stepping Stone Apartments

| | | |
|---|--|-----|
| 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. | |