



# **PROGRAM EVALUATION MANAGEMENT**

## **Final Report**

**Fiscal Year 2019**

# **CHILDREN'S SERVICES**

**Rainbow's End Child Care Corydon**

**Rainbow's End Child Care Georgetown**

**21<sup>st</sup> Century Community Learning Centers**

**PROGRAM EVALUATION FINAL REPORT 2019**

**Rainbow's End Corydon**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Optimize staff training - average number of hours of in-service training per childcare staff	15	23.73	158%
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 Pre-K class.	50%	76%	152%
b	Number of informational articles provided to parents per year.	12	11	92%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	83%	87%

**Corydon Child Care Supplemental Information**

Number of Children Served: 153  
 Number of Funding Children Served: 46  
 Number of Children to Withdraw: 55  
 Licensure Capacity: 156  
 Staff Turnover: 65.52%

**RAINBOW'S END GEORGETOWN FINAL REPORT FY 2019**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	Optimize staff training: average number of in-service hours AND training for child care staff	15	17.5	117%
<b>2</b>	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	10	100%
<b>3</b>	Provide learning opportunities that follow a predetermined theme: percent of weekly activities that correspond with the weekly theme	85%	85%	100%
<b>4</b>	Minimize the number of accidents that require medical attention: number of accidents that require medical attention.	2	1	100%
<b>5</b>	Optimize parent involvement			
<b>a.</b>	Percent of parents attending parent-teacher conferences for 4 -5-year-old class	50%	20%	40.0%
<b>b.</b>	Number of informational articles provided to parents per year	12	12	100%
<b>6</b>	Maximize satisfaction of families served: percent of ratings in the top two categories on general satisfaction survey	95%	<b>93%</b>	98%

**Georgetown Child Care Supplemental Information**

Number of Children Served: 81  
 Number of children who receive funding: 15  
 Number of Withdrawals: 26  
 Licensure Capacity: 93  
 Staff Turnover Rate: 65%

**EAST WASHINGTON ELEMENTARY and MIDDLE SCHOOL - FINAL REPORT FY 2019**

**21st CCLC PROGRAM**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	Program enrollment will meet the target number of students by year end.	50	50	100%
<b>2</b>	90 percent of 50 participating students will meet the program attendance goal by year end.	90%	50/50	100%
<b>2</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	30	100%
<b>3</b>	Participants will score a grade C or higher on reading/language arts report card	75%	91%	121%
<b>4</b>	Participants will score a grade C or higher on math report card	75%	89%	119%
<b>5</b>	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
<b>6</b>	Optimize parent involvement			
<b>a.</b>	Number of family events hosted	6/Year	6	100%
<b>b.</b>	Average percent of parents attending family events	75%	92%	123%
<b>LATCHKEY AFTERSCHOOL</b>				
<b>1</b>	Number of children enrolled	30	3	10%

**MEDORA ELEMENTARY/MIDDLE SCHOOL - FINAL REPORT FY 2019**

**21st CCLC Program**

Primary Measures		Goal	Outcome	Percent Achieved
<b>1</b>	<b>Program enrollment will meet or exceed the target number.</b>	<b>100</b>	<b>50</b>	<b>50%</b>
<b>2</b>	90 percent of 50 participating students will meet the program attendance goal by year end.	90%	50/50	100%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	24.83	100%
<b>4</b>	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	95%	126%
<b>5</b>	Participants will score a grade of C or higher on math first and second semester report cards	75%	96%	128%
<b>6</b>	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
<b>7</b>				
<b>a.</b>	Number of family events hosted	4/year	6	100%
<b>b.</b>	Average percent of parents attending family events	75%	70%	93%

**MEDORA HIGH SCHOOL - FINAL REPORT FY 2019**

**21st CCLC Program**

Primary Measures		Goal	Outcome	Percent Achieved
<b>1</b>	<b>Program enrollment will meet or exceed the target number.</b>	<b>35</b>	<b>35</b>	<b>100%</b>
<b>2</b>	90 percent of 50 participating students will attend the program 45 days by year end.	90%	35/35	100%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	44	100%
<b>4</b>	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	94%	125%
<b>5</b>	Participants will score a grade of C or higher on math first and second semester report cards	75%	80%	107%

<b>6</b>	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
<b>7</b>	Optimize parent involvement			
<b>a.</b>	Number of family events hosted	4/year	6	100%
<b>b.</b>	Average percent of parents attending family events	75%	35%	47%

<b>NORTH HARRISON ELEMENTARY SCHOOL - FINAL REPORT FY 2019</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>50</b>	<b>50</b>	<b>100%</b>
<b>2</b>	100 percent of 50 students will meet an attendance goal of 60 days by year-end	100%	50/50	100%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	33.74	225%
<b>4</b>	Participants will score a grade B or higher on reading/language arts report card	75%	81%	108%
<b>5</b>	Participants will score a grade B or higher on math report card	75%	78%	104%
<b>6</b>	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
<b>7</b>	Optimize parent involvement			
<b>a.</b>	Number of family events hosted	6/year	6	100%
<b>b.</b>	Average percent of parents attending family events	75%	59%	79%
<b>LATCHKEY AFTERSCHOOL PROGRAM</b>				
<b>1</b>	Number of Students Enrolled	<b>30</b>	<b>16</b>	<b>53%</b>

<b>NORTH HARRISON MIDDLE SCHOOL - FINAL REPORT FY 2019</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>40</b>	<b>30</b>	<b>75%</b>
<b>2</b>	100 percent of 40 students will meet an attendance goal of 45 days by year-end	100%	28/45	62%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	15.45	100%
<b>4</b>	Participants will score a grade B or higher on reading/language arts report card	75%	41%	55%
<b>5</b>	Participants will score a grade B or higher on math report card	75%	70%	93%
<b>6</b>	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
<b>7</b>	Optimize parent involvement			
<b>a.</b>	Number of family events hosted	4/year	4%	100%
<b>b.</b>	Average percent of parents attending family events	75%	45	56%

<b>EASTERN HIGH SCHOOL - FINAL REPORT FY 2019</b>				
<b>21st CCLC Program</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<b>Program enrollment will meet or exceed the target number.</b>	<b>120</b>	<b>154</b>	<b>128%</b>
<b>2</b>	At least 90 percent of all participating students will attend the program 45 days by year end.	90%	58/100	26%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	36.75	245%



4	Participants will score a grade of B or higher on reading/language arts on first and second semester report cards	75%	59%	79%
5	Participants will score a grade of B or higher on math first and second semester report cards	75%	38%	51%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Optimize parent involvement			
a.	Number of family events hosted	4/year	4	75%
b.	Average percent of parents attending family events	75%	26%	34.67%

<b>MORGAN ELEMENTARY SCHOOL - FINAL REPORT FY 2019</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>50</b>	<b>50</b>	<b>100%</b>
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	27.37	182%
3	Participants will score a grade of B or higher in reading/language arts	75%	59%	79%
4	Participants will score a grade of B or higher in math	75%	64%	85%
5	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
6				
a.	Number of family events hosted	6/year	6	100%
b.	Average percent of parents attending family events	75%	81%	108%
<b>LATCHKEY AFTERSCHOOL</b>				
1	Number of children enrolled	30	5	17%

# **COMMUNITY RESOURCES**

**Habilitation**

**In-Home Services**

**Structured Family Care**

**Wellness Coordination**

**HABILITATION PROGRAM EVALUATION ANNUAL REPORT FY19**

**CORYDON**

		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	75%	88%
2	80% percent of persons served will achieve 75% of their objectives.	80%	35%	44%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	75%	83%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	100%	100%

**SALEM**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	83%	98%
2	80% percent of persons served will achieve 75% of their objectives.	80%	80%	100%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	76%	84%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	100%	100%

**PALMYRA**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	77%	91%
2	80% percent of persons served will achieve 75% of their objectives.	80%	67%	84%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	72%	80%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	0%	0%

There were no satisfaction surveys returned for the Palmyra location.

**PROGRAM EVALUATION MANAGEMENT REPORT FOR FY 2019 - Annual**

**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.
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Maximize the number of service hours provided - consumer and staff absence & staff training are obstacles in this area. Salem was closest to meeting the goal of 85% at 83% and the other two locations were at 77% and 75%. All three locations increased the number of service hours provided during the second six months. Progress was definitely noted on this goal area through out the year. Percent achieving objectives: The highest was Salem with 83% - which increased from 73% at the six month eval. the other two locations were at Palmyra - 67% and Corydon at 35%. Palmyra continued the entire eval year at 67%, however Corydon dropped from 43% to 35% during the second half of the year. The Manager will emphasis the drop in this area spcifically with these two locations. Progress reports had not been completed or recieved at each location which accounts for some of the decrease. Maximize personal choice - guardian input limiting personal choice, SGL completing day services ISP and this not being considerd 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.
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Continue to minimize staff absences and attempt to have training during times that would not interfere with providing services. Encourage timely completion of quarterly progress reports for accurate data, 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. Beginning October 1, 2019 - service coordinators will distribute consumer satisfaction surveys at the annual conference for each consumer. The continued issue of low or no response has not improved, therefore in an attempt to increase response distribution methods will change.

**IN-HOME SERVICES PROGRAM EVALUATION REPORT FY2019**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maintain community integration and participation of each person served			
a	Prevent institutionalization - percent of persons served that exit services due to institutionalization	0%	97%	97%
b	Prevent temporary placement in behavioral medicine unit - percent of persons served that experience a temporary placement in a behavioral medicine unit	0%	95%	95%
c	Increase or support independence through skill acquisition-100% of persons served will achieve 75% of objectives on the ISP.	100%	86%	86%
2	Maximize utilization of authorized service hours - percent of authorized hours that were used by the family			
a	Utilization of Respite services	75%	64%	85%
b	Residential Habilitation and Support	90%	89%	99%
c	Day Services	90%	74%	82%
d	Attendant Care	90%	92%	102%
e	PAC	90%	60%	67%
3	Maximize satisfaction of persons served and their advocates - percent of ratings in the top two categories on general satisfaction.	100%	100%	100%

**PROGRAM EVALUATION MANAGEMENT REPORT FOR FY 2019 - Annual**

**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.	

<p>Two consumers in the Southern region exited the program due to institutionalization. One senior consumer was no longer able to live independently and was admitted into a nursing home. The other consumer was incarcerated, two individuals had multiple admissions to the behavioral unit during this eval year.</p> <p>Consumers continue to have a high percentage in achieving their goals - 93% in the first six months and 86% for the annual. Staff will continue to attempt to achieve 100% Utilization of service hours - consumer illness, staff absence and training as well as staff shortages.</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>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.</p>	

<b>STRUCTURED FAMILY CARE ANNUAL EVALUATION REPORT FY19</b>				
<b>STRUCTURED FAMILY CARE</b>				
	<b>Primary Measures</b>	<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Achieve 100% of persons served remaining in a stable home for at least one year	100%	83%	83.0%
2	Increase or support independence through skill acquisition - 98% percent of persons served will achieve 100% of ISP objectives	98%	72%	73%
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 FOR FY 2019 - Annual**

**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.
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91% of persons served remained in a stable home for one year during the first six months of the fiscal year. The annual percentage is 83% which is primarily do to multiple moves by one consumer.  
 90% of the consumers served met 100% of the ISP goals during the first six months with a drop to 72% for the annual percentage.

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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The consumer that had multiple moves and eventually did exit the program and move into a Supported Living enviroment which will hopefully provide the consumer with the living arrangment for her to be the most successful. Another individual also exited the program after lengthy hospitalizations and is now residing with family. Revise training strategies if needed to ensure the best training oppourtunies.

**WELLNESS COORDINATION ANNUAL PROGRAM EVALUATION REPORT FY2019**

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%	6%	70.0%
3	Maximize satisfaction of people served: percent of ratings in the top two categories of overall general satisfaction	90%	<b>100%</b>	111.1%

**PROGRAM EVALUATION MANAGEMENT REPORT FOR FY 2019 - Annual**

**PROGRAM: Wellness Coordination**

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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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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# **EMPLOYMENT SERVICES**

**Discovery  
Placement**

**EMPLOYMENT SERVICES FINAL PROGRAM EVALUATION REPORT 2019**

**DISCOVERY**

<b>Primary Outcome Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	To minimize length from referral to discovery: Average number of days	45	5.6	801%
2	To maximize discovery services: Percent of persons served who complete discovery services	75%	75%	100%

**Placement**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	To obtain community-based employment - percent of persons obtaining community-based employment.	80%	70%	88%
2	To obtain a regular competitive wage - average hourly wage	\$7.25	\$8.96	124%
3	To maximize job retention - percent of persons that retain employment for 90 days	75%	77%	103%
4	To minimize program length from referral to placement - average number of days from referral to placement	180	228	127%
5	Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective	95%	96%	101%

**PROGRAM EVALUATION MANAGEMENT REPORT 2019**

**PROGRAM: Employment Services**

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

1. To obtain community-based employment - percent of persons obtaining community based employment:

Order of Selection has impeded program ability to support clients in meeting employer expectations such as multi-tasking and cross-training. Additionally, employers have not been open to job carving.

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.

Employer marketing and education regarding the benefits of job carving and employing service populations.

# **FAMILY SERVICES**

**First Steps  
Healthy Families**

**FAMILY SERVICES / PROGRAM EVALUATION FINAL REPORT 2019**

**HEALTHY FAMILIES**

Primary Measures	Goal	Outcome	Percent Achieved
1 FRS will complete 8 assessments per month.	100.0%	33.0%	33%
2 Families offered home visitation services will accept and enroll in the program.	50%	43.7%	87%
3 Families enrolled in home visitation will receive 75% of their scheduled visits.	75%	see below	#VALUE!
4 Direct Service Staff will receive weekly supervision sessions.	90%	75.7%	84%

Unable to determine home visit completion rate due to changes in State database system. This information is no longer accessible.

**PROGRAM EVALUATION MANAGEMENT REPORT 2019**

**PROGRAM: Healthy Families**

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.
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We had significant staff turn over in the year which impacted outcomes. Also, a change in database in February prevented us from being able to track and monitor outcomes.

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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Work on increasing staff retention which directly impacts program client outcomes.

FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT 2019				
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%	96.1%	96%
4	Children will be served in their natural environment	96%	99.6%	104%
5	Infants and toddlers birth to 1 in will be served.	1.57%	2.0%	128%
6	Children birth to 3 will be served.	3.84%	5.4%	141%
Supplemental Information				
Average Enrollment / Month = 121				
Number of Referrals = 3139				

FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT 2019				
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	12.0	150%
3	Families will complete enrollment within 45 days	100%	91.0%	91%
4	Children will be served in their natural environment	96%	100.0%	104%
5	Infants and toddlers birth to 1 in will be served.	1.57%	2.29%	146%
6	Children birth to 3 will be served.	3.84%	4.08%	106%
Supplemental Information				

Average Enrollment / Month = 42

Number of Referrals = 1259

## PROGRAM EVALUATION MANAGEMENT REPORT 2019

### PROGRAM: First Steps

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.
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Staff shortage of Assessment Team therapists prevented us from enrolling families in a timely manner.

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 recruit and hire therapists for the Assessment Teams.

# **HOUSING**

**Affordable, Accessible and  
Transitional Housing**



## HOUSING PROGRAM EVALUATION FINAL REPORT 2019

### AFFORDABLE HOUSING

Primary Measures		Goal	Outcome	Percent Achieved
<b>1.</b>	<b>Provide affordable housing to individuals from all average median income (AMI) levels</b>			
<b>a.</b>	Percent of applicants served with a 30-40% AMI	19%	32%	168%
<b>b.</b>	Percent of applicants served with a 41-50 % AMI	18%	25%	139%
<b>c.</b>	Percent of applicants served with a 51-60 % AMI	45%	44%	98%
<b>d.</b>	Percentage of applicants served with a 61+%AMI	11%	15%	136%
<b>2.</b>	<b>Maintain affordability of housing by seeking outside funding sources</b>			
<b>a.</b>	Number of federal and/or state grants applied to annually	3	3	100%
<b>b.</b>	Number of other sources sought for housing funds annually	3	3	100%
<b>ACCESSIBLE HOUSING</b>				
<b>3</b>	<b>Provide assessable housing to community members with disabilities</b>			
<b>a.</b>	Percentage of housing rented to people with disabilities	26%	22%	85%
<b>b.</b>	Percentage of accessible housing available	26%	26%	100%

## HOUSING PROGRAM EVALUATION FINAL REPORT 2019

### TRANSITIONAL HOUSING

Primary Measures		Goal	Outcome	Percent Achieved
<b>1.</b>	<b>To provide housing assistance for victims of domestic violence</b>			
<b>a.</b>	Percentage of women who are referred and placed in transitional housing	85%	82%	96%
<b>b.</b>	Percentage of families transitioning into permanent housing	90%	100%	111%
<b>2.</b>	<b>Maintain self-sufficiency in women served by transitional housing</b>			
<b>a.</b>	Percentage of women who are referred to community resources (i.e. learning center, daycare, employment services, counseling)	100%	100%	100%
<b>b.</b>	Percentage of women who obtained/maintained employment while in transitional housing	75%	80%	107%
<b>c.</b>	Percentage of woman who achieve half of their Individual Program Goals	65%	73%	112%

## PROGRAM EVALUATION MANAGEMENT REPORT 2019

### 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.	
	n/a	
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.	
	n/a	

**INDUSTRIES/JANITORIAL**

**Corydon Blue River Industries**

**Salem Blue River Industries**

**Janitorial Services**

**State Use Facility**

**PROGRAM EVALUATION FINAL REPORT 2019**

**CORYDON BLUE RIVER INDUSTRIES**

<b>Primary Measures</b>		<b>Goal</b>	<b>Number Measured</b>	<b>Number Achieved</b>	<b>Percent Outcome Achieved</b>
<b>1</b>	<b>To increase individual productivity of consumers</b>				
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	11	27%
<b>2</b>	<b>To increase hourly earnings for consumers</b>				
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	17	41%
<b>3</b>	<b>To minimize the number of consumers that have a reportable accidents</b>				
a.	Percent of consumers that did not have a reportable accident during the reporting period	100%	41	37	90%
<b>4</b>	<b>Maximize satisfaction of person served - percent of ratings in the top two categories on general satisfaction</b>				
a.	Percent of consumers that indicated satisfaction level in top two categories of consumer satisfaction survey.	100%			
<b>5</b>	<b>Maximize satisfaction of customers - percent of ratings in the top two categories on Customer Satisfaction Survey.</b>	100%			

**SALEM BLUE RIVER INDUSTRIES**

<b>Primary Measures</b>		<b>Goal</b>	<b>Number Measured</b>	<b>Number Achieved</b>	<b>Percent Outcome Achieved</b>
<b>1</b>	<b>To increase individual productivity of consumers</b>				
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%	35	15	43%
<b>2</b>	<b>To increase hourly earnings for consumers</b>				

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%	35	19	54%
<b>3</b>	<b>To minimize the number of consumers that have a reportable accidents</b>				
a.	Percent of consumers that did not have a reportable accident during the reporting period	100%	35	34	97%
<b>4</b>	<b>Maximize satisfaction of person served - percent of ratings in the top two categories on general satisfaction</b>				
a.	Percent of consumers that indicated satisfaction level in top two categories of consumer satisfaction survey	100%			
<b>5</b>	<b>Maximize satisfaction of customers - percent of ratings in the top two categories on Customer Satisfaction Survey.</b>	100%			

## PROGRAM EVALUATION MANAGEMENT REPORT FOR FY 2019

**PROGRAM: Industries CBRI & SBRI**

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.
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Secure more contract work. Secure dependable staff and production workers.

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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Increase sale contacts during FY2020. Secure dependable staff and production workers.

**JANITORIAL STATE USE SIX-MONTH REPORT 2019**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1.	Maximize satisfaction of employers served: percent of ratings in the top two categories on general satisfaction survey	100%		
2.	Maximize satisfaction of people served and their advocates: percent of ratings in the top two categories on general satisfaction survey	100%		

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

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1.	Avoid state citations that require a plan of correction to address serious contract issues at each site	100%	0%	100%
2.	Optimize the number of people with a disability employed through state use programs	51%	46%	90%
3.	Maximize satisfaction of employers served: percent of ratings in the top two categories on general satisfaction survey	100%		\
4.	Maximize satisfaction of people served and their advocates: percent of ratings in the top two categories on general satisfaction survey	100%		\

**PROGRAM EVALUATION MANAGEMENT REPORT 2019**

**PROGRAM: Janitorial/State Use**

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.
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We actively seeked 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 where contacted on several occasions requesting input to assit us with providing better janitorial services.

# **RESIDENTIAL SERVICES**

## **Supervised Group Living (SGL)**



**RESIDENTIAL SUPERVISED GROUP LIVING PROGRAM EVALUATION FINAL REPORT 2019**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1.	70% of residents will achieve 50% of their objectives.	70%	75%	107%
2.	Number of days all available beds are utilized	100%	98%	98%
3.	96% of family satisfaction survey questions will be rated 4 or above.	96%	99%	103%

## PROGRAM EVALUATION MANAGEMENT REPORT FY19

**PROGRAM: Residential Supervised Group Living (SGL)**

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.
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When we have a resident leave our program there are many factors that affect our ability to fill that open bed immediately. We must find an appropriate individual that will be a good fit for the home including functioning level, age, behavior issues and many other factors. We must also receive all referrals from the Indiana Bureau of Developmental Disabilities office. This can often present a delay in filling an open bed. For example: we had a resident who had an increase in medical needs that required a nursing home placement. During the course of that stay it became evident that the individual would not be able to return to the group home environment. The BDDS office would not release that bed to be filled by a new resident until they released the other resident from our care. This delayed us from filling that opening and we were not able to bill for services during that period.

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.
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We continue to actively search for appropriate candidates for our program. We keep regular contact with the BDDS office for referrals. BDDS no longer sends referrals until we announce an open bed. In the past we could keep a list of potential candidates if we anticipated an open bed. That is no longer allowed. We have an excellent Social Service Liaison who is in charge of placement activities. She is an outstanding representative of BRS and a great resource for families looking for services. We participate in provider fairs and any other opportunity to promote our services. Due to our history of excellent service we have cold calls from people seeking services. We follow up on all of those calls and even provide assistance to people seeking services. We will continue to act quickly to process the needed paperwork to get beds filled when they are open.

# **TRANSPORTATION SERVICES**

**Day Services, Public,  
Children's Transportation**

**PROGRAM EVALUATION FINAL REPORT 2019**

**DAY SERVICES TRANSPORTATION**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5.	100%	88%	88%
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**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5.	100%	88%	88%
2	Log all drug FTA updates effectively every quarter. Including pre-employment, random and MIS reports.	100%	100%	100%
3	Transportation management will attend all meetings provided for training through RTAP and INDOT.	100%	100%	100%

**PRESCHOOL TRANSPORTATION**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5.	100%	80%	80%
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	
<i>Number of people served:</i>			
Day Service:		26	
Public:		6,901	
Pre-school:		10	
Number of one-way trips:		29,703	

**PROGRAM EVALUATION MANAGEMENT REPORT 2018****PROGRAM: TRANSPORTATION**

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.
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While there were two items for Program services and special needs that relates to being more on time, phone calls were made and events out of the control of the driver and the system caused our vehicles to run a little than expected. For the public transportation item, this specific customer had a lot of communication and help, and could not understand the schedule. The nursing home tried to help as well, but the customer is prone to confusion and no longer rides the system at all due to getting lost and missing times as schedule. Overall, extra communication is the goal for all of these scenarios in order to help the customers understand the circumstance and the rules better.

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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The dispatcher will continue to call and ensure that the customer is informed as soon as something doesn't meet our standard arrival and departure times.

# **WOMEN, INFANTS AND CHILDREN**

**WIC Services for Crawford,  
Harrison, Orange and  
Washington Counties**

**WOMEN, INFANTS AND CHILDREN FINAL REPORT 2019**

		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1.</b>	Number of clients receiving supplemental food and nutrition counseling	2,237	2,273	102%
<b>2.</b>	Percent of infants breastfed at least once a day until 6 months old	30%	18%	60%
<b>3.</b>	Percent of infants breastfed at least once	80%	74.4%	93%
<b>4.</b>	Top two ratings on WIC program satisfaction survey: Overall, do you feel WIC is a good program?	100%	99.5%	100%

**PROGRAM EVALUATION MANAGEMENT REPORT FY19**

**WIC**

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.
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Breastfeeding is optimal nutrition for infant, so in theory all infants should be breastfed. Many women face many obstacles, including unsupportive family members, health, lack of community support etc., which make it difficult for them to succeed at breastfeeding.

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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WIC will continue to support breastfeeding mom and their babies through staff and peer counselor program. WIC will provide breastfeeding education, support, supplies, and information to participants to help meet their breastfeeding goal. WIC will do community outreach to promote and support breastfeeding in the community.

# **YOUTH SERVICES**

**Wyandotte House Youth Shelter  
Corydon Ramsey Youth Services Home  
Safe Place  
Stepping Stone Apartments**



**PROGRAM EVALUATION FINAL REPORT 2019**

**WYANDOTTE HOUSE**

**Primary Measures**

		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<b>To provide emergency (up to 20 days ) or long-term shelter for children ages 10-18</b>			
a	Percent of referred children who are admitted for residential services	90%	35%	39%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges	25% or less	15%	100%
<b>2</b>	<b>To promote family reunification and community placement</b>			
a	Percent of children who transition into a less restrictive environment	75%	93%	124%
b	Percent of children who maintain contact with family	95%	100%	105%
<b>3</b>	<b>To increase or support independence through skill acquisition for children who are placed for long-term care</b>			
a	Percent of children who achieve at least 75% of their objectives in the Individual Service Plan	75%	90%	120%
b	Percent of children who maintain public school attendance during placement	90%	100%	111%
<b>4</b>	<b>Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction</b>	80%	87%	109%
<b>5</b>	<b>Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction</b>	80%	100%	125%

**Supplemental Measures**

		<b>Number of placements served / county</b>	
	Reasons for declining / refusing placement services	Crawford	2
a.	Inappropriate Services: 30%	Elkart	1
b.	Facility at Capacity: 70%	Floyd	1
	<b>Total Declined :</b>	Harrison	4
		Jennings	2
		Lafayette	1
		Marion	2
		Monroe	1
		Scott	1
		Tippacanoe	1
	Average duration of care per child -average number of days per placement	Washington	1

a. Long-term Placement Average - 194			
b. Emergency Placement Average - 9			
			<b>Total unduplicated # of children served = 16</b>

**PROGRAM EVALUATION FINAL REPORT 2019**

**CORYDON RAMSEY HOUSE**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<b>To provide emergency long-term shelter for children ages 10-18</b>			
a	Percent of referred children who are admitted for residential services	90%	75%	83%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges)	25% or less	0%	100%
2	<b>To promote family reunification and community placement</b>			
a	Percent of children who transition into a less restrictive environment	75%	59%	79%
b	Percent of children who maintain contact with family	95%	100%	105%
3	<b>To increase or support independence through skill acquisition for children who are placed for long-term care</b>			
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	<b>Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction</b>	80%	100%	125%
5	<b>Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction</b>	80%	0%	0%
	<b>Supplemental Measures</b>		<b>Number of placements served / county</b>	
	Reasons for declining / refusing placement services		Crawford	1
	a. Inappropriate Services: 60		Elkart	1
	b. Facility at Capacity: 40		Floyd	1

<b>Total Declined :</b>		Marion	1
		Monroe	1
		Scott	1
		Spencer	2
Average duration of care per child -average number of days per placement			
a. Long-term Placement Average - 230			
		<b>Total unduplicated # of children served = 8</b>	

<b>PROGRAM EVALUATION MANAGEMENT REPORT 2019</b>		
<b>PROGRAM: Youth Services</b>		
1	Did your program meet or exceed all of the goals identified? (Yes or No)	N
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
Wyandotte House & Corydon Ramsey House 1. Percent of children who are admitted for residential services: Youth admitted for residential services was negatively impacted by the lack of available staff to meet State mandated youth to staff ratios.		
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.	
An increase in applicants have been seen in the last quarter of the fiscal year which is attributed to increased marketing on Facebook and promoting referral program to current employees. Additionally, program has restructured staff training which has positively impacted employee retention. Program will continue these endeavors for the next Fiscal Year.		

<b>PROGRAM EVALUATION FINAL REPORT 2019</b>			
<b>SAFE PLACE</b>			
<b>Primary Measures</b>	<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>Increase youth and community awareness of program</b>			
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	10	250%
Number of students receiving SP information annually	1000	2000	200%
<b>Primary Measures</b>	<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>Site Recruitment and Maintenance</b>			
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%
<b>SUPPLEMENTAL INFORMATION</b>			
Number of established sites: Harrison: 39      Crawford: 2 Number of pending sites:      Harrison: 0      Crawford: 2 Number of calls to hotline: 7 Number of youth requesting help at sites: 0			

<b>STEPPING STONE FINAL REPORT 2019</b>			
<b>Primary Measures</b>			
		<b>Goal</b>	<b>Outcome</b>
<b>1.</b>	Units prioritizing people experiencing chronic homelessness	100%	100%
<b>2.</b>	Clients exiting to permanent housing	90%	100%
<b>3.</b>	Clients remaining in permanent housing at the end of the operating year	80%	100%
<b>4.</b>	Clients maintaining or increasing employment income	80%	100%

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 2019**

**PROGRAM: Stepping Stone Apartments**

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