



# **PROGRAM EVALUATION MANAGEMENT**

## **Final Report**

**Fiscal Year 2020**

## **CHILDREN'S SERVICES**



**Rainbow's End Child Care Corydon  
21<sup>st</sup> Century Community Learning Centers  
Jumpstart Preschool**

**PROGRAM EVALUATION FINAL REPORT 2020**

**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	18	120%
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%	75%	88%
4	Minimize the number of accidents that require medical attention - number of accidents that require medical attention	2	1	100%
5	Optimize parents involvement			
a	Percent of parents attending parent teacher conferences for Pre-K class.	50%	50%	100%
b	Number of informational articles provided to parents per year.	12	6	50%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	99%	-----

**Corydon Child Care Supplemental Information**

Number of Children Served: 149  
 Number of Funding Children Served: 30  
 Number of Children to Withdraw: 64  
 Licensure Capacity: 156  
 Staff Turnover: 67.86%

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

**PROGRAM: Children's Services -- Corydon**

1	Did your program meet or exceed all of the goals identified? Yes (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 Corydon center was placed under new management in March, 2020 and significant improvements have been noted. While not included on the Program Evaluation Report, an area for needed improvement at the center is the collection of fees. A new monitoring system has been activated and it is expected that significant improvement will be noted here, as well. Enrollment at the center is down due to COVID-19.

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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Focus will be placed on collection of fees.

## PROGRAM EVALUATION FINAL REPORT 2020

**Morgan Elementary School - Jumpstart Preschool**

Primary Measures		Goal	Outcome	Percent Achieved
1	Optimize staff training - average number of hours of in-service training per childcare staff	15	20.25	135%
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)	100%	0.9	90%
3	Percent of Jumpstart Students demonstrating increased kindergarten readiness skills (as reflected on the mid-year ISTAR-KR Assessment).	100%	0.9	90%
3	Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme	85%	20%	24%

4	Minimize the number of accidents that require medical attention - number of accidents that require medical attention	2	0	100%
5	Optimize parents involvement			
a	Percent of parents attending parent teacher conferences for Pre-K class.	50%	94%	188%
b	Number of informational articles provided to parents per year.	12	3	25%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	97%	-----

**Supplemental Information**

Number of Children Served: 17  
Number of Jumpstart Children Served: 11  
Number of On My Way Children Served: 4  
Number of Private Pay Children Served: 2  
Number of Children to Withdraw: 1  
Licensure Capacity: 22  
Staff Turnover: 100%

PROGRAM EVALUATION FINAL REPORT 2020				
North Harrison Elementary - Jumpstart Preschool				
Primary Measures		Goal	Outcome	Percent Achieved
1	Optimize staff training - average number of hours of in-service training per childcare staff	15	21.375	143%
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)	100%	100%	100%
3	Percent of Jumpstart Students demonstrating increased kindergarten readiness skills (as reflected on the mid-year ISTAR-KR Assessment).	100%	100%	100%
3	Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme	85%	100%	118%
4	Minimize the number of accidents that require medical attention - number of accidents that require medical attention	2	1	50%
5	Optimize parents involvement			
a	Percent of parents attending parent teacher conferences for Pre-K class.	50%	71%	142%
b	Number of informational articles provided to parents per year.	12	3	25%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	100%	105%

**Supplemental Information**

Number of Children Served: 22

Number of Jumpstart Children Served: 11  
 Number of On My Way Children Served: 6  
 Number of Private Pay Children Served: 5  
 Number of Children to Withdraw: 2  
 Licensure Capacity: 24  
 Staff Turnover: 33.33%

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

### PROGRAM: Children's Services -- Jumpstart Preschool - Morgan and NHE

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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**Morgan Elementary** - The preschool teacher at Morgan Elementary needs to incorporate more theme based learning and ensure that all areas of development (gross motor, manipulative procedures, dramatic play, language, math, science, and sensory learning experiences) are included in the weekly curriculum. The goal of 100% demonstrating increased kindergarten readiness was not met, yet 90% was achieved. Morgan also did not distribute the required number of informational articles to parents (12 per year).  
**North Harrison Elementary** met all of their goals with the exception of distributing informational articles to parents.

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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Morgan Elementary will focus on incorporating more theme based learning into the curriculum as well as including activities that address all developmental areas into daily lesson plans. Both programs will work to provide families with 12 informational articles during the school year.

**EASTERN HIGH SCHOOL - FINAL REPORT FY 2020**

**21st CCLC Program**

<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>100</b>	<b>128</b>	<b>128%</b>
<b>2</b>	At least 90 percent of all participating students will attend the program 30 days by year end.	90%	74/100	74%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	132.5	883%
<b>4</b>	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	85%	113%
<b>5</b>	Participants will score a grade of C or higher on math first and second semester report cards	75%	73%	97%
<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	3/4	75%
<b>b.</b>	Average percent of parents attending family events	75%	36%	

*\* = Some students have enrolled and not attended yet; some high school students are not enrolled in math/reading classes.*

**\*\*Unable to complete all family events due to COVID**

**EAST WASHINGTON ELEMENTARY and MIDDLE SCHOOL - FINAL REPORT FY 2020**

**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	58	116%
<b>2</b>	At least 90 percent of all participating students will meet the program attendance goal by year end.	90%	50/58	116%
<b>2</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	63.1	421%
<b>3</b>	Participants will score a grade C or higher on reading/language arts report card	75%	96%	128%
<b>4</b>	Participants will score a grade C or higher on math report card	75%	95%	127%
<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	6/6	100%
<b>b.</b>	Average percent of parents attending family events	75%	57%	
<b>LATCHKEY AFTERSCHOOL</b>				
<b>1</b>	Number of children enrolled	30	10	33%

*\* = Kindergarten no grading scale*

**MEDORA ELEMENTARY/JR HIGH SCHOOL -FINAL REPORT FY 2020**

**21st CCLC Program**

<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>50</b>	<b>69</b>	<b>138%</b>
<b>2</b>	At least 90 percent of all participating students will meet the program attendance goal by year end.	90%	53/50	94%
<b>3</b>	Optimize staff training: average number of in-service hours and training per afterschool staff	15	164	100%



4	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	88%	117%
5	Participants will score a grade of C or higher on math first and second semester report cards	75%	87%	116.00%
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	9	225%
b.	Average percent of parents attending family events	75%	81%	

<b>MEDORA HIGH SCHOOL - 6-MONTH REPORT FY 2020</b>				
<b>21st CCLC Program</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<b>Program enrollment will meet or exceed the target number.</b>	<b>35</b>	<b>39</b>	<b>111%</b>
2	At least 90 percent of all participating students will attend the program 30 days by year end.	90%	35%	39%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	204	1360%
4	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	84%	112%
5	Participants will score a grade of C or higher on math first and second semester report cards	75%	85%	113%
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	7/4	175%
b.	Average percent of parents attending family events	75%	44%	

*\* = Some high school students are not enrolled in math/reading classes.*

<b>MORGAN ELEMENTARY AFTERSCHOOL - FINAL REPORT FY 2020</b>
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**21ST CCLC PROGRAM**

Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	50	51	100%
1	100 percent of students will meet an attendance goal of 60 days by year-end	100%	50	100%
2	Optimize staff training: average number of in-service hours and training per afterschool staff	15	101	100%
3	Participants will score a grade of B or higher in reading/language arts	75%	79%	105%
4	Participants will score a grade of B or higher in math	75%	76%	101%
5	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
6	Optimize parent involvement			
a.	Number of family events hosted	6/year	5/6	83%
b.	Average percent of parents attending family events	75%	50%	67%
<b>LATCHKEY AFTERSCHOOL</b>				
1	Number of children enrolled	30	10	33%

**\*=Kindergarten - No Grading of these students**

**\*\*Unable to complete family events due to COVID -19**

**NORTH HARRISON MIDDLE SCHOOL - FINAL REPORT FY 2020**

**21ST CCLC PROGRAM**

Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	40	36	90%
2	100 percent of 40 students will meet an attendance goal of 40 days by year-end	100%	26/40	65%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	130	100%
4	Participants will score a grade B or higher on reading/language arts report card	75%	38%	51%
5	Participants will score a grade B or higher on math report card	75%	71%	95%
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	6/4	100%
b.	Average percent of parents attending family events	75%	41%	

**NORTH HARRISON ELEMENTARY SCHOOL -FINAL REPORT FY 2020**

**21ST CCLC PROGRAM**

Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	50	56	112%
2	100 percent of students will meet an attendance goal of 60 days by year-end	100%	56%	56%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	118.75	792%
4	Participants will score a grade B or higher on reading/language arts report card	75%	73%	97%
5	Participants will score a grade B or higher on math report card	75%	71%	95%
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	7/6	117%
b.	Average percent of parents attending family events	75%	72%	96%
LATCHKEY AFTERSCHOOL PROGRAM				
1	Number of Students Enrolled	30	13	43%

*\* = Kindergarten no grading scale*

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

**PROGRAM: Children's Services -- After school programs - all schools**

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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**Morgan Elementary** - met all goals except hosting the required number of family events (5 out of 6) - due to COVID-19. Also fell short on the number of parents attending family events. **North Harrison Elementary** - students did not meet the required number of days in attendance - due to COVID-19 and school closures. Both Morgan and NHE need to increase enrollment into the latchkey segment of programming. **Medora High School** - students did not meet their required 30 days of attendance - due to COVID-19. Only 44% of parents attended family events. **North Harrison Middle School** - Program did not meet required attendance - due to COVID-19. Students did not reach academic goals, number of parents attending family events fell short. **Eastern High School** - Students did not meet required days of attendance - due to COVID-19. Number of parents attending family events fell short. **East Washington Elementary/Jr. High** - Number of parents attending family events fell short. Need to work on increasing number of students enrolled in Latchkey program. **Medora Elementary/Jr. High** - All goals were met at this location!

3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.
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Due to the COVID-19 pandemic, student attendance was not achieved at most of the sites. The state adjusted the required number of days. At all locations, the goal for the next year will to increase parent involvement in parent events.

# COMMUNITY RESOURCES



**Habilitation**  
**In-Home Services**  
**Structured Family Care**  
**Wellness Coordination**

STRUCTURED FAMILY CARE FINAL EVALUATION REPORT FY20				
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%	82%	82.0%
2	Increase or support independence through skill acquisition - 98% percent of persons served will achieve 100% of ISP objectives	98%	87%	89%
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 2020		
PROGRAM: Structured Family		
1	Did your program meet or exceed all of the goals identified?	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>The only goal not met in the SFC program over the last year was the one regarding program growth. The goal was to have 20 residents and 28 certified householders in the Structured Family Caregiving program. Currently, there are 11 residents and 10 certified householders. Over FY 2020, the SFC program had new brochures made for distribution, ads were placed in online employment sites and the Manager conducted two presentations at Rauch to familiarize their staff with the program and what it offers to both the residents and the householders. An In-Home services consumer's family also requested information as they are considering this program for their loved one. There has been quite a bit of interest but little actual progress. The Covid-19 pandemic has slowed the ability for the program manager and coordinator to attend public forums to meet interested parties and spread the word about the program. Most, if not all, job fairs and other opportunities have had to be canceled with no reschedule dates set.</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>Program Manager and Coordinator will continue to seek out opportunities to promote the program to the public. They will reach out to case managers as new householders become available to seek out possible referrals to fill positions for residents as there are openings. Postings on job sites will continue. Phone calls to interested parties will occur within a week of getting their letter of interest.</p>	

IN-HOME SERVICES FINAL PROGRAM EVALUATION REPORT FY20				
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%	3%	97%
c	Increase or support independence through skill acquisition-100% of persons served will achieve 75% of objectives on the ISP.	100%	91%	91%
2	Maximize utilization of authorized service hours - percent of authorized hours that were used by the family			
a	Utilization of Respite services	75%	40%	53%
b	Residential Habilitation and Support	90%	77%	85%
c	Day Services	90%	54%	60%
d	Attendant Care	90%	53%	59%
e	PAC	90%	51%	57%
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 2020			
PROGRAM: In-Home Services			
1	Did your program meet or exceed all of the goals identified?	No	<b>No</b>

2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.
<p>Goal areas not met this fiscal year were in the areas of consumer skill acquisition and overall utilization of allotted service hours. Reasons for consumers not meeting their personal outcomes could be due to lack of interest in participating in the goal area, lack of training for staff or lack of opportunity. Not all services were utilized for a number of reasons including vacations, holidays, illness of both staff and consumers and the Covid-19 pandemic which caused many consumers in the program to cancel services for a period of time.</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>Goal areas are reviewed and discussed at all team meetings. Goals will be updated to include areas that the consumers want to participate in. In addition to annual consumer specific training, staff observations will be conducted monthly by the Program Coordinator which will give staff the opportunity to receive additional training on how to address each goal area. As for providing allotted service hours, each manager will set up a monthly staff schedule based on the total number of hours available to each consumer. If a staff is not able to work one day, managers will work with staff and the family to provide those hours on another day. Managers will also work to provide sub staffing when regular staff is unavailable.</p>	

<b>HABILITATION FINAL PROGRAM EVALUATION REPORT FY20</b>				
<b>CORYDON</b>				
		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	56%	66%
2	80% percent of persons served will achieve 75% of their objectives.	80%	54%	68%
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%	99%	99%
<b>SALEM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	65%	76%
2	80% percent of persons served will achieve 75% of their objectives.	80%	42%	53%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	82%	91%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	88%	88%



**PALMYRA**

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	66%	78%
2	80% percent of persons served will achieve 75% of their objectives.	80%	58%	73%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	73%	81%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	77%	77%

PROGRAM EVALUATION MANAGEMENT REPORT 2020			
<b>PROGRAM: Habilitation Program</b>			
1	Did your program meet or exceed all of the goals identified?	No	<b>No</b>
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.		
<p>Determining factors in most goals not achieved in the Habilitation program involved consumer choice and/or attendance. Some consumers do not have choice-making outcomes built into their annual plans. BRS Habilitation staff do not always write the plans and are not able to add goals of this type for everyone. In addition, staff continue to work with consumers on achieving their overall outcomes in their plans. Utilizing allotted hours and maintaining staff to consumer ratio are two other goal areas that were not met. Two negative factors that affected these areas were facility closures due to holidays (there were 10 occurrences in FY 2020) and the Covid-19 pandemic. Several families/consumers chose to not return to services during the pandemic. They continue to slowly return at all locations. In the area of consumer and advocate satisfaction, most were satisfied with services and staff at the three locations. Corydon had the highest rating and reached the goal. Salem and Palmyra did not meet the goal.</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>Throughout the next fiscal year, manager/coordinators will continue completing quality assurance questionnaires at team meetings with families and consumers. They will take any and all feedback and suggestions back to staff at each location and implement any desired, reasonable changes for improvement. Manager/Coordinator will continue to attend team meetings and advocate for personal choice for each consumer. Coordinators will be creative when writing annual plans and help staff create new ways to work with consumers on goal areas so they can achieve the desired outcomes. Manager will have more oversight monthly on group calendars at each location to ensure ratios are being maintained whenever possible.</p>			

WELLNESS COORDINATION FINAL PROGRAM EVALUATION REPORT FY20				
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%	3%	100.0%
3	Maximize satisfaction of people served: percent of ratings in the top two categories of overall general satisfaction	90%	100%	100.0%

PROGRAM EVALUATION MANAGEMENT REPORT 2020			
PROGRAM: Wellness Coordination			
1	Did your program meet or exceed all of the goals identified?	Yes	Yes
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.		
All goals for FY 2020 were met in the Wellness Coordination program.			
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			

# **EMPLOYMENT SERVICES**



**Discovery  
Placement**

## EMPLOYMENT SERVICES FINAL PROGRAM EVALUATION REPORT 2020

### DISCOVERY

Primary Outcome Measures		Goal	Outcome	Percent Achieved
1	To minimize length from referral to discovery: Average number of days	45	14	31%
2	To maximize discovery services: Percent of persons served who complete discovery services	75%	67%	89%

### Placement

Primary Measures		Goal	Outcome	Percent Achieved
1	To obtain community-based employment - percent of persons obtaining community-based employment.	80%	54%	68%
2	To obtain a regular competitive wage - average hourly wage	\$7.25	\$8.97	124%
3	To maximize job retention - percent of persons that retain employment for 90 days	75%	64%	85%
4	To minimize program length from referral to placement - average number of days from referral to placement	180	105	58%
5	Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective	95%	100%	105%

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

### PROGRAM: Employment 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.	

Discovery Goal 2 and Placement Goal 1, 3 and 4 - The Pandemic was a direct reflection of what prevented all of these goals to not be met. Many participants did not have the means to meet with BRS ECs via virtual meetings, may not have wanted to meet face-to-face and technology was not working correctly, in some cases, for ECs to complete virtual meetings (i.e. cameras and/or microphones on laptops not functioning). Employers were not allowing ECs to do shadowing, informational interviews, etc., which had to be completed to get consumers out of the Discovery process, hired and successfully placed in community employment.

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.

Tickets have been submitted in order to get computer issues fixed. Hopefully they will be fixed and we will be better prepared for situations that may arise that would prevent us from meeting with participants and can use virtual meetings in some cases.

# **FAMILY SERVICES**



**First Steps  
Healthy Families**

**FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY2020**

**FIRST STEPS OF SOUTHERN INDIANA**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
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%	96.4%	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%	127%
6	Children birth to 3 will be served.	3.84%	5.6%	146%
<b>Supplemental Information</b>				
Average Enrollment / Month = 108				
Number of Referrals = 2816				

**FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT 2020**

**FIRST STEPS OF WEST CENTRAL INDIANA**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Referrals will be made by a variety of community partners, at least 4 sources per county.	100.0%	100.0%	100%
2	The average age at referral will be 18 months or less.	18.0	13.0	138%
3	Families will complete enrollment within 45 days	100%	78.0%	78%
4	Children will be served in their natural environment	96%	99.9%	104%
5	Infants and toddlers birth to 1 in will be served.	1.57%	1.87%	119%
6	Children birth to 3 will be served.	3.84%	4.40%	115%
<b>Supplemental Information</b>				
Average Enrollment / Month = 44				
Number of Referrals = 1079				

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

**PROGRAM: First Steps**

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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Cluster F had staff shortage of therapists which impacted the ability to meet the 45-day enrollment timeline. Several new therapists were hired to complete evaluations therefore we expect improvement for FY21. Cluster I has had shortage of Intake Coordinators which impacted their ability to meet the same timeline.

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

### FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY2020

**HEALTHY FAMILIES**

Primary Measures	Goal	Outcome	Percent Achieved
1 FRS will complete 8 assessments per month.	100.0%	8.3%	8%
2 Families offered home visitation services will accept and enroll in the program.	50%	52.8%	106%
3 Direct Service Staff will receive weekly supervision sessions.	90%	84.3%	94%



**PROGRAM EVALUATION MANAGEMENT REPORT 2020**

**PROGRAM: Healthy Families**

1	Did your program meet or exceed all of the goals identified?	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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Goal #1 - Completion of 8 assessments per month - achieved only 8%. Did not reach due to lack of dedicated FRS staff. The position was posted for the entire year and unable to hire anyone for the given wage in this part-time position. Pgr Mgr was completing assessments as often as possible. For program year 10/1/20 - 9/30/21 a dedicated staff person will be reassigned to this position. Achieved at least 5 or more assessments 5 months. Goal #3 - achieved 84.3% supervision completion. 75% is HFI and HFA requirement. Some supervisions were missed due to vacations, sicknesses, holidays, etc.

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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Will try to increase contacts to families through phone calls and texts. In the next fiscal year, there will be a dedicated staff person for assessment completions. Supervision completion will be increased through trying to make up missed sessions.

# **Housing**



**Affordable, Accessible and  
Transitional Housing**

## HOUSING PROGRAM EVALUATION FINAL REPORT 2020

### 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%	90%	106%
<b>b.</b>	Percentage of families transitioning into permanent housing	90%	90%	100%
<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%	85%	113%
<b>c.</b>	Percentage of woman who achieve half of their Individual Program Goals	65%	75%	115%

## HOUSING PROGRAM EVALUATION FINAL REPORT 2020

### 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%	30%	158%
<b>b.</b>	Percent of applicants served with a 41-50 % AMI	18%	20%	111%
<b>c.</b>	Percent of applicants served with a 51-60 % AMI	45%	35%	78%
<b>d.</b>	Percentage of applicants served with a 61+%AMI	11%	12%	109%
<b>2.</b>	<b>Maintain affordability of housing by seeking outside funding sources</b>			

a.	Number of federal and/or state grants applied to annually	3	3	100%
b.	Number of other sources sought for housing funds annually	3	4	133%
<b>ACCESSIBLE HOUSING</b>				
<b>3</b>	<b>Provide assessable housing to community members with disabilities</b>			
a.	Percentage of housing rented to people with disabilities	26%	33%	127%
b.	Percentage of accessible housing available	26%	26%	100%

<b>PROGRAM EVALUATION MANAGEMENT REPORT 2020</b>	
<b>PROGRAM: HOUSING</b>	
1	Did your program meet or exceed all of the goals identified? (Yes or No) <span style="float: right; border: 1px solid black; padding: 2px;">yes</span>
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  
State Use Facility**

## PROGRAM EVALUATION FINAL REPORT 2020

### CORYDON BLUE RIVER INDUSTRIES

Primary Measures		Goal	Number Measured	Number Achieved	Percent Outcome Achieved	Percent of Goal Achieved
<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%	39	11	28%	<b>37%</b>
<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%	39	15	38%	<b>51%</b>
<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%	39	0	100%	<b>100%</b>
<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%			86%	<b>86%</b>

## SALEM BLUE RIVER INDUSTRIES

Primary Measures		Goal	Number Measured	Number Achieved	Percent Outcome Achieved	Percent of Goal Achieved
<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	9	26%	35%
<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	16	46%	61%
<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	1	3%	3%
<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%			93%	93%

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

**PROGRAM: Industries -- Corydon and Salem**

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.
---	--

COVID was a big contributing factor to not meeting goals. Work was slow for most of workshop beginning of year. Since then, we have secured some new jobs and everyone is working.

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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# **RESIDENTIAL SERVICES**



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

**Residential Supervised Group Living  
Semi-Annual Program Evaluation Management Report  
Reporting Period: January 1, 2020 to June 30, 2020**

	Primary Measures	Relative Weight	Goal	Outcome	% Achieved
1.	70% of residents will achieve 50% of their objectives.	20	70%	70%	100%
2.	Number of days all available beds are utilized	40	100%	98%	98%
5.	96% of family satisfaction survey questions will be rated 4 or above.	40	96%	93%	97%

<b>PROGRAM EVALUATION MANAGEMENT REPORT 2020</b>		
<b>PROGRAM: Supervised Group Living</b>		
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.	
	When there are openings in the homes, it can take quite a while to find suitable residents to fill them. This can be due to the BDDS referral system either being slow or not having referrals that are a good fit for our services or with the remaining residents in the homes. More and more, those persons who would best fit what we have to offer are referred to Waiver services and often those remaining either have a level of medical fragility or behavioral issues we are not equipped to handle. We have also had some times when residents were in the hospital to the point that they had to be discharged from the home for several days, then readmitted upon their release. This left those beds empty for those time periods. Many staff did not meet required training hours for this past year. Attainment of this goal was impacted both by the Covid pandemic and the cancellation of the Litmos system in January.	
	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.	
	We are actively seeking referrals for appropriate persons for our program. Our Social Service Liaison is in constant contact with the BDDS office seeking referrals as well as contacts from other sources. With regard to training, staff are now monitored on their completion of eFront to make sure assigned trainings are being completed and other trainings will be incorporated into all staff meetings, as well as other opportunities being sought. A revised committee, The SGL Recruitment, Training and Retention Committee has been developed to continuously review and develop training opportunities to aid in staff growth, development and job satisfaction.	

# TRANSPORTATION SERVICES



Day Services, Public,  
Children's Transportation

**PROGRAM EVALUATION FINAL REPORT 2020**

**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%	100%	95%
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%	100%	97%
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%	100%	100%
2	Maintenance facility will operate effectively for the mid-buses that serve these clients by performing yearly ISP inspections on all child supported vehicles.	100%	100%	100%

**SUPPLEMENTAL INFORMATION**

Average rider time per one way trip:	40 minutes		
Number of people served: 1660			
Day Service:	24		
Public:	349		
Pre-school:	14		
Number of one-way trips:	1277		

**PROGRAM EVALUATION MANAGEMENT REPORT FOR 2020**

**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.

Goal not met: Determining factors are scheduling, a lot of requests are for areas our system doesn't transport to, such as Louisville, KY for medical offices. During the Covid-19 shutdown, the requests were not as many, however, as many areas lifted the shutdown, many requests were once again to areas that are not in our service areas. Currently for budget constraints, there is no 2nd shift dispatcher as well. Lack of staff provide a strain on existing services and customer services. When staff is low, it causes multiple impacts to service abilities. Other factors relate to the low wage currently doesn't attract many candidates, and efforts to find potential employees who are not dependent on wage alone.

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 try and Increase survey response from the ridership. There is an ongoing effort to advertise and train our staff properly through INDOT and BRS trainers. This training consists of specific safety and customer service responsibilities. Improve hiring efforts through more aggressive advertisement and hire more staff. Although we did not reach 100% satisfaction, SITS staff and leadership will continue to work with service participants to identify issues and address concerns to improve satisfaction.

# **WOMEN, INFANTS AND CHILDREN**



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

## WOMEN, INFANTS AND CHILDREN FINAL REPORT 2020

		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1.</b>	Number of clients receiving supplemental food and nutrition counseling	2,237	2,250	101%
<b>2.</b>	Percent of infants breastfed at least once a day until 6 months old	30%	18%	59%
<b>3.</b>	Percent of infants breastfed at least once	80%	74.6%	93%
<b>4.</b>	Top two ratings on WIC program satisfaction survey: Overall, do you feel WIC is a good program?	100%		0%

## PROGRAM MANAGEMENT REPORT 2020

### WIC

1	Did your program meet or exceed all of the goals identified? (Yes or No)	no
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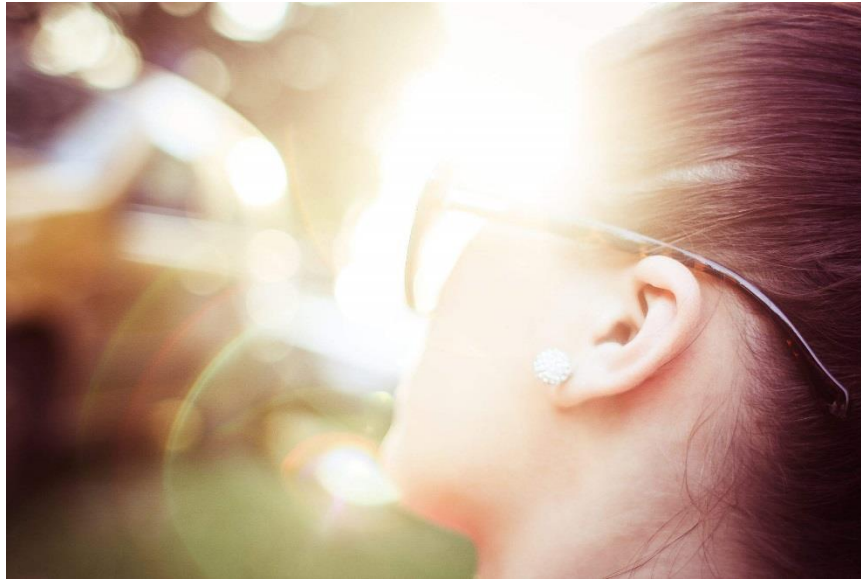
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.
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The Healthy People 2020 breastfeeding goal of 81.9% ever breastfeed and 25.5% breastfeeding until 6 months of age was achieved in the general population. Unfortunately, this is not the case in the WIC population -- 74.6% ever breastfeed and 18% breastfeeding until 6 months of age. There are a lot of factors which contribute to breastfeeding rates. Some include community and family support, medical profession, employer breastfeeding accommodation and support. WIC continues to provides peer counselor support and IBCLC consultations with breastfeeding moms and babies. Even when receiving WIC support there is still struggles to successfully breastfeed in the community that many moms find overwhelming and choose to formula feed.

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 provide support to mom and new baby through our breastfeeding peer counselor program. Clients will be referred to IBCLC when more difficult breastfeeding problems occur. WIC will do community outreach in the next year to support and promote breastfeeding. WIC staff will continue to participate in breastfeeding training programs and participant centered counseling techniques to better serve our WIC population.

# **YOUTH SERVICES**



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



**PROGRAM EVALUATION FINAL REPORT 2020**

**WYANDOTTE HOUSE**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<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%	90%	100%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges	25% or less	25%	100%
2	<b>To promote family reunification and community placement</b>			
a	Percent of children who transition into a less restrictive environment	75%	80%	107%
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%	100%	133%
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%	83%	104%
5	<b>Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction</b>	80%	100%	125%
<b>Supplemental Measures</b>			<b>Number of placements served / county</b>	
Reasons for declining / refusing placement services			Crawford	1
a. Inappropriate Services: 30%			Clark	4
b. Facility at Capacity: 70%			Marion	2
<b>Total Declined : 10%</b>			Harrison	6
			Henry	1
			Lafayette	1
			Lake	2
			Monroe	1
			Perry	2
			Tippacanoe	1
			Washington	
Average duration of care per child -average number of days per placement				
a. Long-term Placement Average -				
b. Emergency Placement Average -				

**PROGRAM EVALUATION FINAL REPORT 2020**

**CORYDON RAMSEY HOUSE**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<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%	90%	100%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges)	25% or less	25%	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%	75%	100%
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%	92%	123%
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%	100%	125%
<b>5</b>	<b>Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction</b>	80%	100%	125%
<b>Supplemental Measures</b>		<b>Number of placements served / county</b>		
Reasons for declining / refusing placement services			Crawford	2
a. Inappropriate Services: 70 %				
b. Facility at Capacity: 20 %			Marion	1
<b>Total Declined : 10%</b>			Perry	1
			Monroe	2
			Scott	1
			Spencer	1

## PROGRAM EVALUATION MANAGEMENT REPORT 2020

**PROGRAM: Youth Services**

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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## PROGRAM EVALUATION FINAL REPORT 2020

### SAFE PLACE

Primary Measures	Goal	Outcome	Percent Achieved
<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 (3 Boy & Girls Club, 4 After School)	4	7	175%
Number of students receiving SP information annually	1000	3125	313%
Primary Measures	Goal	Outcome	Percent Achieved
<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%

### SUPPLEMENTAL INFORMATION

Number of established sites: 42  
 Number of pending sites: 0  
 Number of calls to hotline: 4  
 Number of youth requesting help at sites: 1

**STEPPING STONE FINAL REPORT 2020**

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

**PROGRAM EVALUATION MANAGEMENT REPORT 2020**

**PROGRAM: Stepping Stone Apartments**

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>Clients maintaining or increasing case income from all available source: Some clients had been laid off and/or unemployed due to COVID-19            Collect and maintain data with zero missing information: One client had a baby this year and has refused to provide the SS#, therefore system reflects this missing data.</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>Support clients with employer communication through lay-off. Assist clients with finding alternate and/or new employment opportunities, if desired. Continue to request needed information to maintain data.</p>		

