



Program Evaluation Management

Final Report

Fiscal Year 2021

CHILDREN'S SERVICES



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

PROGRAM EVALUATION FINAL REPORT 2021

Rainbow's End Corydon

Primary Measures		Goal	Outcome	Percent Achieved
1	Optimize staff training - average number of hours of in-service training per childcare staff	15	19.3	129%
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	100%
5	Optimize parent 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	12	100%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	91%	96%
Corydon Child Care Supplemental Information				
Number of Children Served: 111				
Number of Funding Children Served: 37				
Number of Children to Withdraw: 28				
Licensure Capacity: 149				
Staff Turnover: 41.67%				

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: Children's Services -- Corydon

1	Did your program meet or exceed all of the goals identified? Yes	(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>The Corydon center was placed under new management in March, 2020 and significant improvements continue to be noted. Enrollment continues to be down at the center is down due to COVID-19. We cannot enroll more children because it is very difficult at this time to hire staff.</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>Focus will be placed on collection of fees, maintaining Level 3 PTQ rating, and receiving no citations during State inspections.</p>			

PROGRAM EVALUATION FINAL REPORT 2021

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	9.75	65%
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%	1	100%
3	Percent of Jumpstart Students demonstrating increased kindergarten readiness skills (as reflected on the mid-year ISTAR-KR Assessment).	100%	1	100%
3	Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme	85%	50%	59%
4	Minimize the number of accidents that require medical attention - number of accidents that require medical attention	2	0	100%
5	Optimize parent involvement			
a	Percent of parents attending parent teacher conferences for Pre-K class.	50%	92%	184%

b	Number of informational articles provided to parents per year.	12	4	33%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	92%	97%

<p>Supplemental Information Number of Children Served: 15 Number of Jumpstart Children Served: 3 Number of On My Way Children Served: 11 Number of Private Pay Children Served: 1 Number of Children to Withdraw: 2 Licensure Capacity: 22 Staff Turnover: 0%</p>				
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NORTH HARRISON ELEMENTARY SCHOOL FINAL REPORT 2021				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	38	41	108%
2	100 percent of students will meet an attendance goal of 30 days by year-end	100%	36/41	88%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	33.30%	200%
4	Participants will score a grade B or higher on reading/language arts report card	75%	78%	104%
5	Participants will score a grade B or higher on math report card	75%	73%	97%
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 annually	6	5	83%
LATCHKEY AFTERSCHOOL PROGRAM				
1	Number of Students Enrolled	30	11	37%

* = Kindergarten no grading scale

Grades not available yet
Adjusted RAP for 20/21 = 38

NORTH HARRISON MIDDLE SCHOOL FINAL REPORT 2021

21ST CCLC PROGRAM

Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	30	15	50%
2	100 percent of 40 students will meet an attendance goal of 30 days by year-end	100%	9/15	60%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	29.25	195%
4	Participants will score a grade B or higher on reading/language arts report card	75%	8/15	53%
5	Participants will score a grade B or higher on math report card	75%	8/15	53%
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 annually	4	0%	0%
<p>Grades not available yet Adjusted RAP for 20/21 = 30</p>				

EAST WASHINGTON ELEMENTARY AND MIDDLE SCHOOL FINAL REPORT 2021

21st CCLC PROGRAM

Primary Measures		Goal	Outcome	Percent Achieved
1	Program enrollment will meet the target number of students by year end.	38	63	166%
2	At least 90 percent of all participating students will meet the program attendance goal by year end.	90%	53/63	84%
2	Optimize staff training: average number of in-service hours and training per afterschool staff	15	28.6	191%
3	Participants will score a grade C or higher on reading/language arts report card	75%	84%	112%
4	Participants will score a grade C or higher on math report card	75%	80%	107%

5	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	200%
6	Optimize parent Involvement - Number of family events hosted annually	6	5	83%
LATCHKEY AFTERSCHOOL				
1	Number of children enrolled	30	6	20%

*** = Kindergarten no grading scale**

Grades not available yet
Adjusted RAP for 20/21 = 38

SLATE RUN ELEMENTARY SCHOOL FINAL REPORT 2021				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	50	37	74%
2	90 percent of 60 students will meet an attendance goal of 30 days by year-end	100%	31/37	84.00%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	17	113%
4	Participants will score a grade B or higher on reading/language arts report card	50%	43%	86%
5	Participants will score a grade B or higher on math report card	50%	57%	114%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	200%
7	Optimize family involvement - Number of family events hosted	6/Year	5%	83%

*Grades are not yet available
Adjusted RAP for 20/21 = 50

EASTERN HIGH SCHOOL FINAL REPORT 2021				
21st CCLC Program				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program enrollment will meet or exceed the target number.	75	63	84%
2	At least 90 percent of all participating students will attend the program 30 days by year end.	90%	12/63	19%

3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	12.25	82%
4	Participants will score a grade of B or higher on reading/language arts on first and second semester report cards	75%	58%	77%
5	Participants will score a grade of B or higher on math first and second semester report cards	75%	48%	64%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Optimize family involvement - Number of family events hosted annually	4	0	0%

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

Grades not available yet

Adjusted RAP for 20/21 = 75

MEDORA ELEMENTARY/JR HIGH SCHOOL FINAL REPORT 2021				
21st CCLC Program				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program enrollment will meet or exceed the target number.	38	60	158%
2	At least 90 percent of all participating students will meet the program attendance goal by year end.	90%	53/60	88%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	66	440%
4	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	50/60	83%
5	Participants will score a grade of C or higher on math first and second semester report cards	75%	49/60	82%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Optimize family involvement - Number of family events hosted annually	4	4%	100%

***Grades are not available at this time.**

Adjusted RAP for 20/21 = 38

MEDORA HIGH SCHOOL FINAL REPORT 2021				
21st CCLC Program				
Primary Measures		Goal	Outcome	Percent Achieved

1	Program enrollment will meet or exceed the target number.	26	30	115%
2	At least 90 percent of all participating students will attend the program 45 days by year end.	90%	24/30	80%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	87	580%
4	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	75%	20/30	67%
5	Participants will score a grade of C or higher on math first and second semester report cards	75%	20/30	67%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Optimize parent involvement - Number of family events hosted annually	4	4	100%

** = Some high school students are not enrolled in math/reading classes.
Grades not available at this time
Adjusted RAP for 20/21 = 26*

MORGAN ELEMENTARY AFTERSCHOOL FINAL REPORT 2021				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	38	53	139%
2	100 percent of students will meet an attendance goal of 30 days by year-end	100%	40/53	75%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	56.25	375%
4	Participants will score a grade of B or higher in reading/language arts	75%	40%	53%
5	Participants will score a grade of B or higher in math	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 - Number of family events hosted annually	6	4	67%
LATCHKEY AFTERSCHOOL				
1	Number of children enrolled	30	2	7%

**=Kindergarten - No Grading of these students*

Grades not available yet
Adjusted RAP for 20/21 = 38

BRADIE SHRUM ELEMENTARY SCHOOL FINAL REPORT 2021				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	60	28	47%
2	90 percent of 80 students will meet an attendance goal of 60 days by year-end	90%	0%	0.00%

3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	16.75	112%
4	Participants will score a grade B or higher on reading/language arts report card	65%	N/A	#VALUE!
5	Participants will score a grade B or higher on math report card	65%	N/A	#VALUE!
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Optimize family involvement - Number of family events hosted	6/Year	0%	100%

*Grades not available yet
Adjusted RAP for 20/21 = 60

PROGRAM EVALUATION MANAGEMENT REPORT 2021

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

Due to the COVID-19 pandemic, student attendance was not achieved at most of the sites. The state adjusted the required number of days. Also, due to COVID-19, most sites were not able to host the required number of family events. Some events were held virtually. Another hindrance to successful operation of the program is the fact that we are unable to fill our staffing positions at this time.

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. As Program Coordinator positions are filled, we will work on increasing enrollment at each site.

COMMUNITY RESOURCES



Habilitation
In-Home Services
Structured Family Care
Wellness Coordination

IN-HOME SERVICES FINAL PROGRAM EVALUATION REPORT 2021

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%	0%	100%
c	Increase or support independence through skill acquisition-100% of persons served will achieve 75% of objectives on the ISP.	100%	90%	90%
2	Maximize utilization of authorized service hours - percent of authorized hours that were used by the family			
a	Utilization of Respite services	75%	32%	43%
b	Residential Habilitation and Support	90%	75%	83%
c	Day Services (Community Habilitation Individual--CHIO)	90%	43%	48%
d	Attendant Care	90%	46%	51%
e	PAC	90%	62%	69%
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 2021

PROGRAM: In-Home Services

1	Did your program meet or exceed all of the goals identified? 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>Goal areas not met this fiscal year were consumers achieving independence through skill acquisition and the utilization of allotted hours. The Covid-19 pandemic continued to play a role in the program during the 2021 fiscal year. Due to closings, limited opportunities in the community, etc., staff had to become more resourceful working on goal areas with the consumers. Some goal areas were not able to be met, however, due to lack of interest or opportunity. Service hours provided did increase the second half of the fiscal year. This was, in part, due to the availability of the Covid-19 vaccine. With the many people receiving the vaccine, consumers and families were more comfortable allowing staff back to work.</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.	

Goal areas are discussed at each team meeting. The goals are becoming more focused on consumer choice and consumer want. This should increase the consumer's willingness to participate in and work towards each goal area. Staff observations will continue over the next fiscal year giving staff the opportunity to receive additional training in areas needed when working with individuals. With the continued increase in vaccinations, services hours provided should continue to increase as well. Managers are working to hire staff to cover open shifts which will enable the programs to provide the entire allotted budget for more individuals. Managers will continue to be available to provide services when regular staff is unavailable to work.

HABILITATION FINAL PROGRAM EVALUATION REPORT 2021

CORYDON

		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	51%	60%
2	80% percent of persons served will achieve 75% of their objectives.	80%	30%	37.50%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	87%	97%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	99%	99%

SALEM

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	64%	75%
2	80% percent of persons served will achieve 75% of their objectives.	80%	20%	25%
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%	86%	86%

PALMYRA

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	67%	79%
2	80% percent of persons served will achieve 75% of their objectives.	80%	26%	32.50%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	77%	86%
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 2021

PROGRAM: Habilitation Program

1	Did your program meet or exceed all of the goals identified? 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>Attendance has been an issue over the past year in the Habilitation program, whether it be from personal choice, quarantines, illness, holidays, etc. Substitutes are not always readily available to join group on any given day to enable staff to maintain the ideal ratio. BRS continues to operate on a 4:1 ratio to continue to ensure safety and well-being as the Covid-19 pandemic is still a concern (Palmyra Hab location may have larger ratios). There continues to be a staff shortage at one Hab. location. Attendance did increase with the availability of the vaccine and as community sites began to reopen and allow visitors again. Staff continue to work with each consumer on their chosen objectives. The Manager and/or Coordinator discusses goal areas at each team meeting and requests changes when needed to reflect what the consumer actually wants to do or needs assistance in.</p>		
	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>Manager/Coordinators will continue to attend team meetings and advocate for goal areas that interest or would benefit the consumer. In doing so, they will also be advocating for personal choice of the individual to have more choices and make decisions that will impact them and their services. Manager will continue to interview potential new staff. Once fully staffed, all locations will be able to provide more services to individuals to meet their allotted services budgets. Annual consumer satisfaction surveys will continue to be conducted at annual meetings to ensure a higher return rate. Suggestions from those surveys will be taken into consideration to make improvements in the Habilitation program.</p>		

WELLNESS COORDINATION FINAL PROGRAM EVALUATION REPORT 2021

	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%
b	Prevent hospitalization: percent of people served who are temporary placed in the hospital	0%	13%	87%
3	Maximize satisfaction of people served: percent of ratings in the top two categories of overall general satisfaction	90%	100%	100.0%

STRUCTURED FAMILY CAREGIVING FINAL EVALUATION REPORT 2021

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%	91%	91%
2	Increase or support independence through skill acquisition - 98% percent of persons served will achieve 100% of ISP objectives	98%	92%	94%
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 2021

PROGRAM: Structured Family

1	Did your program meet or exceed all of the goals identified? No	No
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
<p>Two goals were not met in the SFC program over the past fiscal year. One was persons served remaining in a stable home for at least one year. At the very end of the fiscal year, two individuals moved and were placed in temporary respite due to householder giving notice, getting married and moving. One of the individuals was going to move in with his sister but her home was not ready yet so he went to respite. The other individual was placed in a home as respite but that person is working on becoming his householder. She is already certified and the team is working on his transition plan. The other goal not met was persons served achieving independence through skill acquisition. This was very close but not quite met. The Covid-19 pandemic continued to be a factor in this area with so many community sites not open or available and several SFC residents not attending Day Services. Participation and outings have increased some with the Covid-19 vaccine.</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>The coordinator will continue to visit each SFC residence monthly. The coordinator will address any concerns the Householder may have and work with them on a resolution to ensure the well-being of the SFC resident is always a priority. Coordinator will work to ensure the uninterrupted placement of the resident if at all possible. Coordinator will offer additional training and guidance to Householders on resident goals and objectives so that increased independence can be achieved.</p>		

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: Wellness Coordination

1	Did your program meet or exceed all of the goals identified? No	No
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
The only goal not met this fiscal year was preventing hospitalizations of persons served. The reasons for the hospitalizations were unavoidable and the Wellness Nurse could not have predicted or prevented them (two of the hospitalizations were due to Covid-19 diagnosis).		
3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.	
The Wellness Coordination Nurse will continue to provide high quality services to the individuals in the program. She will communicate her concerns with family and team members as they arise. She will follow-up with any hospitalizations and update Wellness service plans as needed and ensure that training is completed with staff.		

EMPLOYMENT SERVICES



Discovery Placement

EMPLOYMENT SERVICES FINAL PROGRAM EVALUATION REPORT 2021

DISCOVERY

Primary Outcome Measures		Goal	Outcome	Percent Achieved
1	To minimize length from referral to discovery: Average number of days	45	7 days	643%
2	To maximize discovery services: Percent of persons served who complete discovery services	75%	40 of 76	53%

Placement

Primary Measures		Goal	Outcome	Percent Achieved
1	To obtain community-based employment - percent of persons obtaining community-based employment.	80%	17 of 40	43%
2	To obtain a regular competitive wage - average hourly wage	\$7.25	\$9.25	128%
3	To maximize job retention - percent of persons that retain employment for 90 days	75%	10 of 17	59%
4	To minimize program length from referral to placement - average number of days from referral to placement	180	84 days	214%
5	Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective	95%	10 of 13	77%

PROGRAM EVALUATION MANAGEMENT REPORT 2021

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.	
<p>Discovery Goals 2, Placement Goals 1, 3 & 5. Covid-19, continues to have an impact on services, preventing these goals from being achieved. Participants chose not to meet with EC's, putting their cases on hold. A number of participants in group living and other day services programs were restricted from community activities. State guidelines prevented them from completing discovery activities and placement services. As a result, some jobs were put on hold for those who had already obtained employment. Employers also were not allowing EC's to set up assessments or job shadows. Access is needed to complete discovery activities and on-the-job training to help participants be successful with their employment. Other participants have not gone back to work since the pandemic began, preventing them from reaching their ISP Goals.</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.	

Continue to monitor the status of Participants, and Guidelines in order to resume services for Participants that have been placed on Hold and check with employers to stay informed of their company's restrictions and when they will be lifted.

Family Services



**First Steps
Healthy Families**

FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT 202021

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%	100.0%	100%
2	Families will complete enrollment within 45 days	100%	95.9%	96%
3	Annual IFSPs will be written prior to expiration.	100%	98.3%	98%
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%	1.7%	108%
6	Children birth to 3 will be served.	3.84%	5.0%	130%

Unable to update the outcomes for a Final Report. The Mid-Year data reported here remains the most current due to the state implementing a new data system in March 2021. In that system, this information is no longer available. All measures will be updated for 2022.

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: First Steps

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

Enrollment and Annual IFSPs being completed timely were impacted by COVID. Virtual visits were the primary method of service provision and in some cases families could not access virtual services. This caused a delay at times if we could not get someone out to the home right away due to illness or other considerations.

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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Home visiting is again the primary method of delivering services so we expect this will improve.

FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT 2021

HEALTHY FAMILIES

Primary Measures		Goal	Outcome	Percent Achieved
1	FRS will complete 8 assessments per month.	100%	16.7%	17%
2	Families offered home visitation services will accept and enroll in the program.	50%	80.0%	160%
3	Direct Service Staff will receive weekly supervision sessions.	75%	80.3%	107%
4	Direct Service Staff will complete ongoing assessment tools with families timely.	80%	74.4%	93%
5	Each FSS will have a full caseload (f/t caseweight 28 and p/t caseweight 14).	83%	30.3%	37%

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: Healthy Families

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>Goal #1 - Completion of 8 assessments per month - 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 position. Pgr Mgr was completing assessments as often as possible. By 2022 staff will be assessing to fill their own caseloads so numbers should go up. Goal #5 - Most months, staff had at least one opening on their caseload due to reduced assessment numbers. This will improve in 2022. Additionally, COVID continued to impact our ability to provide home visiting services to families. Although virtual visits were offered some families chose not to have them.</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>Will try to increase contacts to families through phone calls and texts. In 2022 staff will assess to fill their own caseload instead of relying on someone else to do the assessments.</p>		

Housing



**Affordable, Accessible and
Transitional Housing**

HOUSING PROGRAM EVALUATION FINAL REPORT 2021

AFFORDABLE HOUSING

Primary Measures		Goal	Outcome	Percent Achieved
1.	Provide affordable housing to individuals from all average median income (AMI) levels			
a.	Percent of applicants served with a 30-40% AMI	19%	30%	158%
b.	Percent of applicants served with a 41-50 % AMI	18%	20%	111%
c.	Percent of applicants served with a 51-60 % AMI	45%	35%	78%
d.	Percentage of applicants served with a 61+%AMI	11%	11%	100%
2.	Maintain affordability of housing by seeking outside funding sources			
a.	Number of federal and/or state grants applied to annually	3	1	33%
b.	Number of other sources sought for housing funds annually	3	2	67%

ACCESSIBLE HOUSING

3	Provide assessable housing to community members with disabilities			
a.	Percentage of housing rented to people with disabilities	26%	40%	154%
b.	Percentage of accessible housing available	26%	26%	100%

Counties Served:

Crawford

Harrison

Washington

Facility at capacity:

Affordable/Accessible:

Transitional:

HOUSING PROGRAM EVALUATION FINAL REPORT 2021

TRANSITIONAL HOUSING

Primary Measures		Goal	Outcome	Percent Achieved
1.	To provide housing assistance for victims of domestic violence			
a.	Percentage of women who are referred and placed in transitional housing	85%	65%	76%
b.	Percentage of families transitioning into permanent housing	90%	90%	100%
2.	Maintain self-sufficiency in women served by transitional housing			
a.	Percentage of women who are referred to community resources (i.e. learning center, daycare, employment services, counseling)	100%	100%	100%
b.	Percentage of women who obtained/maintained employment while in transitional housing	75%	65%	87%

c.	Percentage of woman who achieve half of their Individual Program Goals	65%	75%	115%
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PROGRAM EVALUATION MANAGEMENT REPORT 2021		
PROGRAM: HOUSING		
1	Did your program meet or exceed all of the goals identified? (Yes or No)	No
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
We had not received grant funding to support domestic violence victims for the current year, thus services were limited.		
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.	
BRS has received another grant from the Office of Violence Against Women for the coming year that will allow us to hire a Case Manager to assist domestic violence clients to achieve their goals.		

Industries/Janitorial



**Corydon Blue River Industries
Salem Blue River Industries
Janitorial Services/State Use Facility**

PROGRAM EVALUATION FINAL REPORT 2021

CORYDON BLUE RIVER INDUSTRIES

Primary Measures		Goal	Number Measured	Number Achieved	Percent Outcome Achieved
1	To increase individual productivity of consumers				
a.	Percent of consumers that participate in work services for a minimum of one year AND increased average monthly production rate from the beginning of the first quarter to the end of the fourth quarter.	75%	26	14	54%
2	To increase hourly earnings for consumers				
a.	Percent of consumers that participated in work services for a minimum of one year AND increased their average wage earned from the beginning of quarter one to the end of the fourth quarter.	75%	26	8	31%
3	To minimize the number of consumers that have a reportable accidents				
a.	Percent of consumers that did not have a reportable accident during the reporting period	100%	26	26	100%

SALEM BLUE RIVER INDUSTRIES

Primary Measures		Goal	Number Measured	Number Achieved	Percent Outcome Achieved
1	To increase individual productivity of consumers				
a.	Percent of consumers that participate in work services for a minimum of one year AND increased average monthly production rate from the beginning of the first quarter to the end of the fourth quarter.	75%	27	8	30%
2	To increase hourly earnings for consumers				
a.	Percent of consumers that participated in work services for a minimum of one year AND increased their average wage earned from the beginning of quarter one to the end of the fourth quarter.	75%	27	7	26%
3	To minimize the number of consumers that have a reportable accidents				
a.	Percent of consumers that did not have a reportable accident during the reporting period	100%	27	27	100%

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: Industries -- Corydon and Salem

1	Did your program meet or exceed all of the goals identified? (Yes or No)	No
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
<p>Covid-19 was a major factor with getting work into the workshops. When our clients started coming back we had to re-train on old jobs, train on the new jobs. Some of our customers were not working and therefore we did not have orders from them. We were able to supply work, but not a variety of work that all clients could do. Supply issues with some of our customers was a major setback. We had purchase orders but they were not able to supply material to do the jobs.</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>We now have a Marketing person to help us find a variety of jobs. Director and Marketing are working together to secure the work needed to accomplish this. A variety of jobs help so everyone can work at least part of the jobs and we have enough work to keep everyone busy all day.</p>		

JANITORIAL STATE USE PROGRAM EVALUATION FINAL REPORT 2021

	Primary Measures	Goal	Outcome	Percent Achieved
1.	Maximize satisfaction of employers served: percent of ratings in the top two categories on general satisfaction survey	100%	0%	0%
2.	Maximize satisfaction of people served and their advocates: Percent of ratings in the top two categories on general satisfaction survey	100%	0%	0%

***Satisfaction surveys were not returned in 2021.**

STATE USE FACILITIES: HENRYVILLE REST PARKS

Primary Measures		Goal	Outcome	Percent Achieved
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%	24.5%	48%
3	Maximize satisfaction of employers served: percent of ratings in the top two categories on general satisfaction survey	100%	0%	0%
4.	Maximize satisfaction of people served and their advocates: Percent of ratings in the top two categories on general satisfaction survey	100%	0%	0%

**** Satisfaction surveys were not returned for 2021.**

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: Janitorial - Henryville Rest Area

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.	
	1. Satisfaction Surveys (employers served) were sent out, but we did not receive any responses. 2. At this time we do not have anyone that falls in this category.	
3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.	
	1. Will send the satisfaction surveys out in multiple medias to get a response. 2. Will take satisfaction of people served and their advocates off of FY2022, unless we have an individual that falls in this area.	

Residential Services



Supervised Group Living (SGL)

RESIDENTIAL SUPERVISED GROUP LIVING FINAL PROGRAM EVALUATION REPORT 2021				
Primary Measures		Goal	Outcome	Percent Achieved
1.	70% of residents will achieve 50% of their objectives.	70%	64%	91%%
2.	Number of days all available beds are utilized	100%	97%	97%%
3.	96% of family satisfaction survey questions will be rated 4 or above.	96%	*	0%

*Family surveys were not distributed

PROGRAM EVALUATION MANAGEMENT REPORT 2021		
PROGRAM: Supervised Group Living		
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>Goal 1. The SGL Department has not met the goal to develop effective recruiting and retention strategies due in part by limitations created by the Covid Pandemic and the necessity to utilize efforts in related areas. Enhanced unemployment benefits and Covid precautions appears to have impacted employee availability as well. Goal 2. We continue to place a strong emphasis on staff training, but did not meet the goal of 100% of staff completing 24 hours of training. This too was strongly impacted by the pandemic circumstances including actual cases wherein staff focus was on resident and self-care. EFRONT is in full use and courses are available. Goal 3. The SGL special event, typically either a picnic or a chili cook-off was canceled due to Covid and other opportunities for the homes were limited as well.</p>		
	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>We continue to actively work toward new strategies for recruitment, training and retention with some success. Three managers, a nurse and several staff have been hired. The most effective strategy thus far seems to have been word of mouth dissemination of employment opportunities. We will be continuing the Recruitment, Training and Retention Committee meetings to brainstorm new ideas and approaches we may utilize in all three of those areas. A training event will occur in early September to provide a day of required training to every staff member and home specific training occurs in each home's staff meetings which hopefully will get back on track after a stall due to Covid. More on-line training opportunities will be sought and utilized. Retention will continue to be supported via appreciation events and team support and has been enhanced by recent DSP pay increases. It is hoped that we are able to do a Halloween Party/Chili Cook-off again this year to promote fun and fellowship between the residents of the home, but we understand that this may have to be adjusted or postponed depending upon whatever turns the pandemic may take.</p>		

TRANSPORTATION SERVICES



Day Services, Public,
Children's Transportation

PROGRAM EVALUATION FINAL REPORT 2021

DAY SERVICES TRANSPORTATION

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5.	100%	80%	80%
2	Ensure that day routes are properly managed through daily coverage, and any changes are handled in a timely manner, daily. Ensuring that there is a vehicle daily to meet the needs for these clients. Measured through TM dispatch database and manifest paper data.	100%	100%	100%

PUBLIC TRANSPORTATION

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5.	100%	91%	91%
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

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5.	100%	50%	50%
2	Maintenance facility will operate effectively for the midbuses 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:	28	
Public:	384	
Pre-school:	8	
Number of one-way trips:	17,842	

PROGRAM EVALUATION MANAGEMENT REPORT 2021

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.	
<p>Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5: Determining factors are: scheduling, requests for areas to which our system doesn't transport, such as Louisville, KY for medical offices. During the ongoing Covid-19 pandemic, requests have actually increased, but we are low on staff resources. So, we have tried to meet the needs and our dispatcher has at times overbooked some days in order to meet the demand. SITS management has corrected this issue and expressed more realistic coverage by the existing staff. Currently, due to budget constraints, there is still no 2nd shift dispatcher. Lack of staff presents a strain on existing services and customer service. When staff is low, it causes multiple impacts to service abilities. Other factors relate to the low wage, which doesn't attract many candidates, and efforts to find potential employees who are not dependent on wage alone.</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>Continue to try and increase survey response from the ridership. There is an ongoing effort to advertise services and train our staff properly through INDOT and BRS trainers. SITS management has met leadership in the communities that we serve to communicate that SITS is continuing to try and meet ridership goals. These meetings are met with understanding and expressed appreciation for our services. SITS management is still working on training, which consists of specific safety and customer service responsibilities. Improving hiring efforts through more aggressive advertisement. Since the previous 6-month reporting period, SITS has placed more ads for drivers and senior transportation. 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.</p>		

Women, Infants and Children



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

WOMEN, INFANTS AND CHILDREN FINAL EVALUATION REPORT 2021

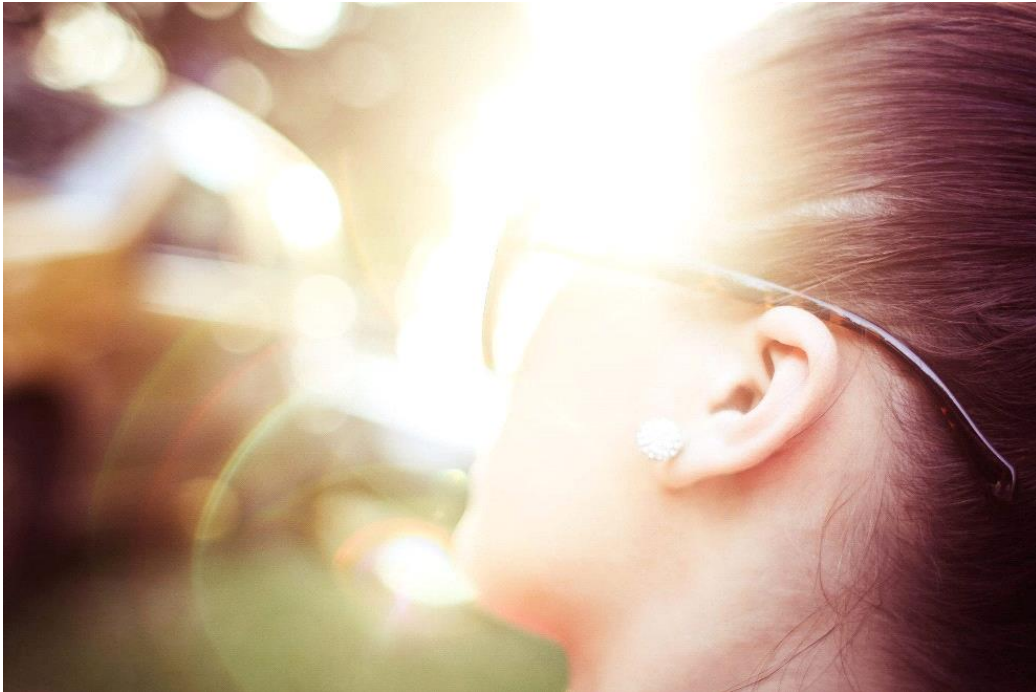
		Goal	Outcome	Percent Achieved
1.	Number of clients receiving supplemental food and nutrition counseling	2,237	2,314	103%
2.	Percent of infants breastfed at least once a day until 6 months old	30%	27%	89%
3.	Percent of infants breastfed at least once	80%	71.6%	90%
4.	Top satisfaction rating on WIC state survey: Are clinic staff helpful and friendly?	100%	Surveys were not distributed	0%

PROGRAM MANAGEMENT REPORT 2021

WIC

1	Did your program meet or exceed all of the goals identified? (Yes or No)	No
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
<p>Goal of 80% of infants breastfed at least once and 30% of infant breastfed at least once a day until 6 months old was not met. There are a lot of factors that contribute to breastfeeding rates, including community and family support, medical profession, and employer breastfeeding accommodation, to name a few. The past year has been exceptionally difficult due to COVID 19. WIC has been conducting phone certification and breastfeeding education. Phone communication is substandard to one-to-one counseling. WIC continues to provide peer counselor support and IBCLC consultations with breastfeeding moms and babies in person at the acceptance of the breastfeeding dyad. Many parents are still not comfortable coming to the clinic. Even when receiving WIC support onsite, community, family or professional struggles to successfully breastfeed overwhelm many moms and they choose to formula feed.</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>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 continue community outreach 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. WIC is resuming telehealth for breastfeeding moms.</p>		

Youth Services



**Wyandotte House
Corydon Ramsey
Safe Place**

PROGRAM EVALUATION FINAL REPORT 2021

WYANDOTTE HOUSE

Primary Measures		Goal	Outcome	Percent Achieved
1	To provide emergency (up to 20 days) or long-term shelter for children ages 10-18			
a	Percent of referred children who are admitted for residential services	90%	3 out of 9	33%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges	25% or less	2 out of 10	20%
2	To promote family reunification and community placement			
a	Percent of children who transition into a less restrictive environment	75%	8 our of 10	80%
b	Percent of children who maintain contact with family	95%	15 out of 15	100%
3	To increase or support independence through skill acquisition for children who are placed for long-term care			
a	Percent of children who achieve at least 75% of their objectives in the Individual Service Plan	75%	15 out of 15	100%
b	Percent of children who maintain public school attendance during placement	90%	15 out of 15	100%
4	Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction	80%	100%	125.00%
5	Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction	80%	100%	125%
Supplemental Measures			Number of placements served / county	

Reasons for declining / refusing placement services

Harrison 3

Lake 4

a. Inappropriate Services: 6

Clark 4

Floyd 2

b. Facility at Capacity: 14

Washington 1

Wells 1

Total Declined : 26

Average duration of care per child -average number of days per placement

a. Long-term Placement Average - 124

b. Emergency Placement Average - 5

Total unduplicated # of children served = 15

PROGRAM EVALUATION FINAL REPORT 2021

CORYDON RAMSEY HOUSE

Primary Measures		Goal	Outcome	Percent Achieved
1	To provide long-term shelter for children ages 10-18			
a	Percent of referred children who are admitted for residential services	90%	2 of 4	50%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges	25% or less	1/7	14%

2	To promote family reunification and community placement			
a	Percent of children who transition into a less restrictive environment	75%	2/5	40%
b	Percent of children who maintain contact with family	95%	7/7	100%
3	To increase or support independence through skill acquisition for children who are placed for long-term care			
a	Percent of children who achieve at least 75% of their objectives in the Individual Service Plan	75%	7 out of 7	100%
b	Percent of children who maintain public school attendance during placement	90%	7 out of 7	100%
4	Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction	80%	Surveys not distributed	0%
5	Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction	80%	Surveys not distributed	0%

Supplemental Measures		Number of placements served / county	
	Reasons for declining / refusing placement services	Spencer	1
	a. Inappropriate Services: 5	Monroe	1
	b. Facility at Capacity:	Marion	1
	Total Declined : 7	Scott	2
		Crawford	1
		Bartholomew	1
	Average duration of care per child -average number of days per placement		
	a. Long-term Placement Average - 154		
		Total unduplicated # of children served = 7	

PROGRAM EVALUATION FINAL REPORT 2021

SAFE PLACE

Primary Measures	Goal	Outcome	Percent Achieved
Increase youth and community awareness of program			
Number of articles published annually regarding SP program (BRS Newsletter, HCCF Nslr, Newspaper)	4	2	50%
Number of community presentations annually (6 Lion's Club, 4 After School, 1 YMCA)	4	3	75%
Number of students receiving SP information annually	1000	261	26%
Primary Measures	Goal	Outcome	Percent Achieved
Site Recruitment and Maintenance			
Percentage of established sites provided with SP contact information (40 out of 40)	100%	1	100%
Percentage of sites with visible Safe Place signs and/or decals (40 out of 40)	100%	1	100%
Percentage of established sites (up to 30) that are actively maintained (40 out of 40)	100%	1	100%

SUPPLEMENTAL INFORMATION

	Number of established sites: Harrison: 39 Crawford: 2	
	Number of pending sites: Harrison: 1 Crawford: 4	
	Number of calls to hotline: 0	
	Number of youth requesting help at sites: 1	

PROGRAM EVALUATION MANAGEMENT REPORT 2021

PROGRAM: Youth Services

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

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. Corydon Ramsey 4 and 5: Surveys were not completed for youth, families or referring agencies; therefore, no data could be collected. Safe Place was unable to meet all goals due to COVID restrictions on gathering sizes and in school partnerships.

3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.	
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We have increased pay for all positions and are starting to see an increase in applicants. Once applicants can be hired numbers of youth census will increase.
New management has been trained on the protocol for passing surveys to youth, families and referring agencies upon discharge.

It is hopeful that with decreases in COVID cases and schools back in session that Safe Place will be able to increase its presence with youth in and out of the school setting.