



# **Program Evaluation Management**

## **Final Report**

**Fiscal Year 2022**

# **CHILDREN'S SERVICES**



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

**PROGRAM EVALUATION EOY REPORT - FY 22**

**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	19.5	130%
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%	100%	118%
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%	70%	140%
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: 85  
 Number of funding Children served: 35  
 Number of Children to Withdraw: 28  
 Licensure Capacity: 149  
 Staff Turnover: 33.3%

## PROGRAM EVALUATION MANAGEMENT REPORT 2022

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

1	Did your program meet or exceed all of the goals identified? Yes <span style="float: right;">(Yes or No)</span>	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 continues to be down at the center due to staffing. We cannot enroll more children because it is very difficult at this time to hire staff. We currently have close to 80 slots filled and are continuing to seek qualified employees.		
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.	
Focus will be placed on collection of fees, maintaining Level 3 PTQ rating, and receiving no citations during State inspections.		

## PROGRAM EVALUATION EOY REPORT 2022

### 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	20 133%
2	Maximize the variety of activities offered - percent of activity areas covered per week (gross motor, manipulative procedures, dramatic play, language, math, science, sensory experiences)	100%	100% 100%
3	Percent of Jumpstart Students demonstrating increased kindergarten readiness skills (as reflected on the mid-year ISTAR-KR Assessment).	100%	71% 71%
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	0 100%
5	Optimize parents involvement		
a	Percent of parents attending parent teacher conferences for Pre-K class.	50%	90% 180%
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%	100% 97%

#### Supplemental Information

Number of Children Served: 14  
 Number of Jumpstart Children Served: 1  
 Number of On My Way Children Served: 9  
 Number of Private Pay Children Served: 4  
 Number of Children to Withdraw: 1  
 Licensure Capacity: 22  
 Staff Turnover: 0%

**PROGRAM EVALUATION EOY REPORT 2022**

**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	20	133%
2	Maximize the variety of activities offered - percent of activity areas covered per week (gross motor, manipulative procedures, dramatic play, language, math, science, sensory experiences)	100%	100%	100%
3	Percent of Jumpstart Students demonstrating increased kindergarten readiness skills (as reflected on the mid-year ISTAR-KR Assessment).	100%	90%	90%
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	0	200%
5	Optimize parents involvement			
a	Percent of parents attending parent teacher conferences for Pre-K class.	50%	80%	160%
b	Number of informational articles provided to parents per year.	12	12	100%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	100%	105%

**Supplemental Information**

Number of Children Served: 18  
 Number of Jumpstart Children Served: 1  
 Number of On My Way Children Served: 12  
 Number of Private Pay Children Served: 5  
 Number of Children to Withdraw: 0  
 Licensure Capacity: 25  
 Staff Turnover: 0%

**EAST WASHINGTON ELEMENTARY and MIDDLE SCHOOL - EOY REPORT FY22**

**21st CCLC PROGRAM**

Primary Measures		Goal	Outcome	Percent Achieved
1	Program enrollment will meet the target number of students by year end.	40	71	178%
2	At least 90 percent of all participating students will meet 45 days of attendance by year end.	90%	48/71	106%
2	Optimize staff training: average number of in-service hours and training per afterschool staff	15	17.96	120%
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%	83%	111%
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	4	6	150%
<b>LATCHKEY AFTERSCHOOL</b>				
1	Number of children enrolled	30	16	53%

<b>GREEN VALLEY ELEMENTARY SCHOOL - EOY REPORT FY22</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>55</b>	<b>34</b>	<b>62%</b>
2	100 percent of 55 students will meet an attendance goal of 45 days by year-end	100%	24/34	70.50%
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%	38%	40%
5	Participants will score a grade B or higher on math report card	50%	20%	76%
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	4/Year	3/4	75%

<b>MEDORA ELEMENTARY/JR HIGH SCHOOL - EOY - REPORT FY22</b>				
<b>21st CCLC Program</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Program enrollment will meet or exceed the target number.	45	46	102%
2	At least 90 percent of all participating students will meet 45 days of attendance by year end.	90%	20/46	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%	32/46	138%

5	Participants will score a grade of C or higher on math first and second semester report cards	75%	33/46	144%
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	5	125%

<b>MORGAN ELEMENTARY AFTERSCHOOL - EOY -REPORT FY22</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Program will meet the targeted number of enrolled students by year end.	40	57	143%
2	100 percent of students will meet an attendance goal of 45 days by year-end	100%	50 of 57	125%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	28.27	135%
4	Participants will score a grade of B or higher in reading/language arts	75%	63%	84%
5	Participants will score a grade of B or higher in math	75%	63%	84%
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	7	175%
<b>LATCHKEY AFTERSCHOOL</b>				
1	Number of children enrolled	30	16	53%

<b>NORTH HARRISON ELEMENTARY SCHOOL - EOY REPORT FY22</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>40</b>	<b>48</b>	<b>120%</b>
2	100 percent of students will meet an attendance goal of <b>30</b> days by year-end	100%	44 of 48	92%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	19.58%	200%
4	Participants will score a grade B or higher on reading/language arts report card	75%	29/48	60%
5	Participants will score a grade B or higher on math report card	75%	41/48	85%

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	5	125%
<b>LATCHKEY AFTERSCHOOL PROGRAM</b>				
1	Number of Students Enrolled	30	14	47%

<b>NORTH HARRISON MIDDLE SCHOOL - EOY REPORT FY22</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>40</b>	<b>31</b>	<b>78%</b>
2	100 percent of 40 students will meet an attendance goal of 45 days by year-end	100%	13 of 31	42%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	30.39	203%
4	Participants will score a grade B or higher on reading/language arts report card	75%	10/31	43%
5	Participants will score a grade B or higher on math report card	75%	11/31	47%
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	3/4	75%

<b>S. ELLEN JONES ELEMENTARY SCHOOL - EOY REPORT FY22</b>				
<b>21ST CCLC PROGRAM</b>				
<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	<b>Program will meet the targeted number of enrolled students by year end.</b>	<b>55</b>	<b>27</b>	<b>49%</b>
2	100 percent of 55 students will meet an attendance goal of 45 days by year-end	100%	0	0.00%
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%	33%	66%
5	Participants will score a grade B or higher on math report card	50%	78%	156%
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	4/Year	1/4	25%



**SLATE RUN ELEMENTARY SCHOOL - EOY REPORT FY22**

**21ST CCLC PROGRAM**

Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	55	45	82%
2	100 percent of 55 students will meet an attendance goal of 45 days by year-end	100%	35/45	78.00%
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%	24/45	106%
5	Participants will score a grade B or higher on math report card	50%	23/45	102%
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	4/Year	3/4	75%

**BRADIE SHRUM ELEMENTARY SCHOOL - EOY REPORT FY22**

**21ST CCLC PROGRAM**

Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	80	74	93%
2	90 percent of 80 students will meet an attendance goal of 45 days by year-end	90%	45/74	67.57%
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%	65%	100%
5	Participants will score a grade B or higher on math report card	65%	54%	83%
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	4	4	100%

## 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 continued COVID-19 pandemic, student attendance was not achieved at some 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 programs is the fact that we are still 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.

Due to the COVID-19 pandemic, student attendance was not achieved at most of the sites. As staffing positions are filled, we will work on increasing enrollment at each site. We have also seen a decrease in the need for such care, as some families are staying home to care for their children.

# **COMMUNITY RESOURCES**



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

**HABILITATION YEAR END PROGRAM EVALUATION REPORT FY22**

**CORYDON**

		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	71%	84%
2	80% percent of persons served will achieve 75% of their objectives.	80%	47%	58.75%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	83%	92%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	90%	90%

**SALEM**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	79%	93%
2	80% percent of persons served will achieve 75% of their objectives.	80%	59%	74%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	88%	98%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	94%	94%

**PALMYRA**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize the number of service hours provided	85%	76%	89%
2	80% percent of persons served will achieve 75% of their objectives.	80%	45%	56.25%
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%	100%	100%

## PROGRAM EVALUATION MANAGEMENT REPORT 2022

**PROGRAM: Habilitation**

1	Did your program meet or exceed all of the goals identified? <span style="float: right;">No</span>	<b>No</b>
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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 areas not met this fiscal year were: Maximize the number of service hours provided; Percent of persons served achieving a set percentage of their objectives; Maximize personal choice; Maximize satisfaction of persons served and their advocates. Several factors play into Habilitation services and the program meeting their goals, including plans from other providers and Hab not receiving updates timely, medical appointments and cancellations on scheduled days (and not being able to reschedule days due to full rosters), plans not including choice making goals/tasks which BRS Hab does not write.

3	List below what steps will be taken during the List next Fiscal Year to improve the outcome of the goals that were not met this year.
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Goal areas are discussed at each team meeting. Habilitation staff will be more vocal at meetings and express concerns and desires for the individuals to have more personal choice. Medical appointments will be encouraged to be scheduled around the individual's Hab service day(s) as it is very difficult to try and make up any of the missed time. Staff will continue to find creative ways to work with each individual on their specific goal areas. Manager and Coordinators will also work with staff on trainings to do so.

## IN-HOME SERVICES YEAR-END PROGRAM EVALUATION REPORT FY22

	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%	4%	96%
b	Prevent temporary placement in behavioral medicine unit - percent of persons served that experience a temporary placement in a behavioral medicine unit	0%	2%	98%
c	Increase or support independence through skill acquisition-100% of persons served will achieve 75% of objectives on the ISP.	100%	87%	87%

2	Maximize utilization of authorized service hours - percent of authorized hours that were used by the family			
a	Utilization of Respite services	75%	39%	52%
b	Residential Habilitation and Support	90%	78%	87%
c	Day Services (Community Habilitation Individual--CHIO)	90%	59%	66%
d	Attendant Care	90%	75%	83%
e	PAC	90%	70%	78%
f	RBHA	90%	89%	99%
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 2022

**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.		

Goal areas not met this fiscal year were: Prevent institutionalization, Prevent temporary placement in a behavioral medicine unit; Increase or support independence through skill acquisition; Maximize utilization of authorized service hours. There were two individuals that exited the program due to nursing home placement. There was one individual that spent a three-day stay in a behavioral medicine unit. The COVID pandemic continued to play a role in the program during the 2022 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 met, however, due to lack of interest or opportunity. Service hours provided continue to increase but not all service areas were met.

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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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 and lifting of many pandemic restrictions, 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 more of the allotted budget for more individuals. Managers will continue to be available to provide services when regular staff is unavailable to work.

### STRUCTURED FAMILY CAREGIVING YEAR END EVALUATION REPORT FY22

**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%	75%	75%
2 Increase or support independence through skill acquisition - 98% percent of persons served will achieve 100% of ISP objectives	98%	90%	92%
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 2022

**PROGRAM: Structured Family**

1	Did your program meet or exceed all of the goals identified? <span style="float: right;">No</span>	<b>No</b>
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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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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. A householder gave notice on two individuals. These two individuals were moved into another home with a new householder. The other goal not met was persons served achieving independence through skill acquisition. 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 over the past year with individuals and householders feeling more comfortable, once again, to be more active in the community.

3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.
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The Coordinator will continue to visit each SFC residence monthly. The Coordinator will address any concerns the Householders 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.

### WELLNESS COORDINATION YEAR END PROGRAM EVALUATION REPORT FY22

	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%	94%	93%
b	Prevent hospitalization: percent of people served who are temporary placed in the hospital	0%	94%	90%
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 2022

**PROGRAM: Wellness Coordination**

1	Did your program meet or exceed all of the goals identified?	No	<b>No</b>
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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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Two goals were not met in this program. They were: Prevent Institutionalization and Prevent Hospitalization. There were two individuals that were admitted into the hospital for a period of time during fiscal year 2022. Upon discharge, these same two individuals were placed in nursing home care.

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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Unfortunately, with the COVID pandemic and the age and health status of several persons served in this program, hospitalizations are not always avoidable. Although some individuals have received increased care, nursing home placement has not been necessary for most. The nurse will continue to provide high-level, quality services to the individuals in the program. She will monitor at visits, document when check-ins are made and report any changes or concerns she has to the appropriate parties to avoid condition worsening.



# **EMPLOYMENT SERVICES**



## **Discovery Placement**

**EMPLOYMENT SERVICES SIX-MONTH PROGRAM EVALUATION REPORT 2022**

**DISCOVERY**

<b>Primary Outcome Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	To minimize length from referral to discovery: Average number of days	45	20.5 days	219%
2	To maximize discovery services: Percent of persons served who complete discovery services	75%	27 of 33	82%

**Placement**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	To obtain community-based employment - percent of persons obtaining community-based employment.	80%	12 of 30	50%
2	To obtain a regular competitive wage - average hourly wage	\$7.25	\$10.10	139%
3	To maximize job retention - percent of persons that retain employment for 90 days	75%	69%	92%
4	To minimize program length from referral to placement - average number of days from referral to placement	180	36 days	500%
5	Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective	95%	95%	100%

## PROGRAM EVALUATION MANAGEMENT REPORT 2022

**PROGRAM:**    **Employment Services**

1	Did your program meet or exceed all of the goals identified? (Yes or No)	No
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2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.
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Placement Goal 1, The state of the economy has effected job placement. Employers are expecting employees to perform multiple tasks. With Vocational Rehabilitation serving those with the most significant disabilities and employers not being accepting to job carving, it has been more difficult to find placement in the community, preventing these goals from being achieved. Participants have also experienced transportation and/or behavior issues preventing them from accepting a job after one is offered or keeping one after accepting.

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 monitor the needs of employers and the status of participants. Provide appropriate job matches and training to ensure success of the participant and satisfaction of the employer.

# **Family Services**



**First Steps  
Healthy Families**

**FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY22**

**FIRST STEPS OF WEST CENTRAL INDIANA**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize satisfaction of families served - percent of ratings in the top two categories on general satisfaction (SPOE)	90%	91.0%	101%
2	Maximize satisfaction of families served - percent of ratings in the top two categories on general satisfaction (ED Team)	80%	89.0%	111%
3	There will be at least 1 community contact / event / outreach attempt in each county of the Cluster every month	100%	83.0%	83%
4	At least 3.84% of children birth to 3 will be served (One day child count of 984)	984	1502	153%

**FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY2022**

**FIRST STEPS OF SOUTHERN INDIANA**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1	Maximize satisfaction of families served - percent of ratings in the top two categories on general satisfaction (SPOE)	90%	91.0%	101%
2	Maximize satisfaction of families served - percent of ratings in the top two categories on general satisfaction (ED Team)	80%	89.0%	111%
3	There will be at least 1 community contact / event / outreach attempt in each county of the Cluster every month	100%	100.0%	100%
4	At least 3.84% of children birth to 3 will be served (One day child count of 482)	482	554	115%

## PROGRAM EVALUATION MANAGEMENT REPORT 2022

**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.			
The goal for there to be at least 1 community contact / event / outreach attempt in each county of the Cluster every month was not met due to the LPCC Coordinator for Cluster I leaving in April 2022. We were not able to do outreach in every one of the 15 counties during May & June.				
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.			
Hire a new staff person for the position. In interim, Director will conduct outreach with assistance from other First Steps staff.				

## FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY2022

**HEALTHY FAMILIES**

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize satisfaction of families served - percent of ratings in the top two categories on general satisfaction	95%	100.0%	105%
2	Families offered home visitation services will accept and enroll in the program.	50%	72.0%	144%
3	Direct Service Staff will receive weekly supervision sessions.	75%	86.1%	115%
4	Direct Service Staff will complete ongoing assessment tools with families timely.	80%	66.6%	83%
5	Each FSS will have a full caseload (f/t case weight 28 and p/t case weight 14).	83%	40.6%	49%

## PROGRAM EVALUATION MANAGEMENT REPORT 2022

**PROGRAM: Healthy Families**

1	Did your program meet or exceed all of the goals identified?	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 #4 - We had 1 FSS position open for the entire year, another FSS position was open for 6 of the 12 months. The position added when we took on Perry County October 1 was open for 4 of the 9 months. This left one FSS, one Supervisor and one Program Manager to serve the existing families. Some tools were late due to managing so many cases. Goal #5 - Most months staff had openings on their caseload due to reduced assessment numbers and covering existing families whose FSS was no longer with the 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.
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We are hopeful to hire sufficient staff in FY23 to allow for better caseload management.

# **Housing**



**Affordable, Accessible, Senior and  
Transitional Housing**



**HOUSING PROGRAM EVALUATION FINAL REPORT FY22**

**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%	85%	100%
<b>b.</b>	Percentage of families transitioning into permanent housing	90%	92%	102%
<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%	60%	80%
<b>c.</b>	Percentage of woman who achieve half of their Individual Program Goals	65%	70%	108%

**HOUSING PROGRAM EVALUATION FINAL REPORT FY22**

**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%	19%	100%
<b>b.</b>	Percent of applicants served with a 41-50 % AMI	18%	18%	100%
<b>c.</b>	Percent of applicants served with a 51-60 % AMI	45%	45%	100%
<b>d.</b>	Percentage of applicants served with a 61+%AMI	11%	11%	100%
<b>2.</b>	<b>Maintain affordability of housing by seeking outside funding sources</b>			
<b>a.</b>	Number of federal and/or state grants applied to annually	3	1	33%
<b>b.</b>	Number of other sources sought for housing funds annually	3	4	133%

**ACCESSIBLE HOUSING**

<b>3</b>	<b>Provide assessable housing to community members with disabilities</b>			
<b>a.</b>	Percentage of housing rented to people with disabilities	26%	42%	162%
<b>b.</b>	Percentage of accessible housing available	26%	26%	100%

**Counties Served:**  
Crawford  
Harrison  
Washington  
Facility at capacity:  
Affordable/Accessible:  
Transitional:

**PROGRAM EVALUATION MANAGEMENT REPORT FY22**

**PROGRAM: HOUSING**

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.

% of women obtaining employment: Grant funding for Jill's Hope was received Oct 2022. Due to not having grant funds the prior year, the program was not fully occupied. Some residents had not had time to gain employment due to short amount of time in 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.
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Case Manager with PACT continues to work with the residents at Jill's Hope. Housing will look for viable projects and seek funding sources for those projects in the form of Fed/State Grants.

# **Industries/Janitorial**



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

**PROGRAM EVALUATION FINAL REPORT FY22**

**CORYDON BLUE RIVER INDUSTRIES**

Primary Measures		Goal	Number Measured	Number Achieved	Percent Outcome 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%	25	11	44%
<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%	25	20	80%
<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%	29	29	100%

**SALEM BLUE RIVER INDUSTRIES**

Primary Measures		Goal	Number Measured	Number Achieved	Percent Outcome 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%	25	15	60%
<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%	25	19	76%
<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%	29	29	100%

**JANITORIAL STATE USE REPORT FY2022**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1.	Maximize satisfaction of employers served: percent of ratings in the top two categories on general satisfaction survey	100%		Did not have any Surveys returned (1)
2.	Employ people with disabilities to meet the state contract.	51%		51%

**STATE USE FACILITIES: HENRYVILLE REST PARKS**

<b>Primary Measures</b>		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
1.	Avoid state citations that require a plan of correction to address serious contract issues at each site	100%	Have not received any citations	100%
2.	Optimize the number of people with a disability employed through state use programs	51%		51%
3.	Maximize satisfaction of employers served: percent of ratings in the top two categories on general satisfaction survey	100%		Did not have any Surveys returned (1)

**PROGRAM EVALUATION MANAGEMENT REPORT FY 2022**

**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.	

Goal 2 Obj. 2 - We did not meet \$500,00.00 Contract Revenue. Eric continues to look for and quote new jobs. We were able to secure Koetter KW13 and we are seeing more from GKN. Goal 8 Obj. 1 - minor nonconformance on work instructions, did not effect quality. Goal 9 - Industries has one position open at Corydon workshop (WSS).

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.

Eric and Stacy to continue to look for work our persons served can do. Management will continue to look for qualified staff. We were able to fill a position at SBRI by hiring 2 part time to fill a full time position.

## PROGRAM EVALUATION MANAGEMENT REPORT FY 2022

**PROGRAM: Janitorial - Henryville Rest Area**

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

Goal to employ people with disabilities to meet the State contract - goal is 51% we were able to increase to 50.6%. Associate positions are hard to fill, very physical job. We have Salem workshop send crews to Henryville to help out when Associates get behind. Goal 3 Obj. 1 - \$4248.00 in overtime, this was a combination of being short staffed because of associate being in hospital, winter storm and ball games in Indy.

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

Continue to work with People Ready to find individuals to fill 1 34 hour position and 1 25.5 hour position and sub positions. Finding subs will help when we have call ins and State requests extra hours for busier times at rest areas.

# **Residential Services**



**Supervised Group Living (SGL)**

**Residential Supervised Group Living**  
**Final Program Evaluation Management Report**

**Reporting Period: July 1, 2021 to June 30, 2022**

	<b>Primary Measures</b>	<b>Relative Weight</b>	<b>Goal</b>	<b>Outcome</b>	<b>% Achieved</b>	<b>Points</b>
1.	70% of residents will achieve 50% of their objectives.	<b>20</b>	<b>70%</b>	<b>74%</b>	<b>106%</b>	<b>21.20</b>
2.	Number of days all beds are utilized	<b>40</b>	<b>100%</b>	<b>89%</b>	<b>89%</b>	<b>35.65</b>
3.	96% of family satisfaction survey questions will be rated 4 or above.	<b>40</b>	<b>96%</b>	<b>87%</b>	<b>91%</b>	<b>36.40</b>
<b>Totals</b>		<b>100</b>				<b>93.25</b>

**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
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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. The SGL Department is currently at 106% of goal achievement. 74% of Residents have achieved 50 % of their objectives. We have reached that Goal 1. Goal 2. We currently have 89% of our bed utilized. We have one individual in the referral process. SGL has 5 open beds. We did not reach Goal 2. Goal 3. We have 34 family satisfaction surveys. Of those surveys 87% of those surveys rated the program at 4 or above. We did not reach 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.
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Goal 2: SGL has went through some restructuring and part of our focus will be to review the referral process. We will be looking at new ways to do outreach in the community. Raising awareness of our program in the community and through networking should increase referrals. Working in collaboration with the other departments within the Blue River Services Inc should also help raise awareness of this program when a supported living referral is not appropriate. This should help raise the number of beds utilized. Goal 3: We will include in our annual goals this year that each home will have a family event during the year. This will give families a chance to meet all staff and hopefully help build a bridge for the future.



# TRANSPORTATION SERVICES



Day Services, Public,  
Children's Transportation

**PROGRAM EVALUATION FINAL REPORT 2022**

**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%	93%	93%
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%	95%	95%
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%	100%	100%
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:		23	
Public:		452	
Pre-school:		14	
Number of one-way trips:		19,970	

## PROGRAM EVALUATION MANAGEMENT REPORT FOR 2022

**PROGRAM: TRANSPORTATION**

1	Did your program meet or exceed all of the goals identified? (Yes or No)	no
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2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.
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Maximize satisfaction of person served - percent of ratings on satisfaction survey report with a rating of 4 or 5: Determining factors are scheduling, including many requests for areas our system doesn't serve, such as Louisville, KY. Since the Covid-19 pandemic, requests have not been traditionally trending as pre- pandemic years. Business started to pick up in May 2022, but we are VERY low on staff resources. So, we have tried to meet the needs and our dispatcher is still working on not overbooking our resources. SITS management is still monitoring this process closely and looking to match a more realistic coverage with existing staff. The system still lacks a second shift dispatcher. Lack of staff presents a strain on existing services and customer service. When staffing 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.

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 try and Increase new hires, and try to get more staff to meet the demand. There is an ongoing effort to advertise service specifics and train our staff properly through INDOT and BRS trainers. SITS management has met leadership in the communities served 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 and hire more staff. Just since the last reporting period, SITS has engaged in more ads for drivers needed, and senior transportation. One of the more successful ad campaigns is wrapping a vehicle with a SITS ad. The challenge is find businesses that will let us stage a vehicle longer than a couple of weeks. 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 maintain high satisfaction rates.

# **Women, Infants and Children**



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

## WOMEN, INFANTS AND CHILDREN FINAL EVALUATION REPORT FY22

		Goal	Outcome	Percent Achieved
1.	Number of clients receiving supplemental food and nutrition counseling	2,307	2,319	101%
2.	Percent of infants breastfed at least once a day until 6 months old	30%	22%	72%
3.	Percent of infants breastfed at least once	80%	74.6%	93%
4.	Top satisfaction rating on WIC state survey: Overall satisfaction with the WIC Program	100%	96.3%	96%

## PROGRAM MANAGEMENT REPORT 2022

### WIC

1	Did your program meet or exceed all of the goals identified? <span style="float: right;">(Yes or No)</span>	No
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	

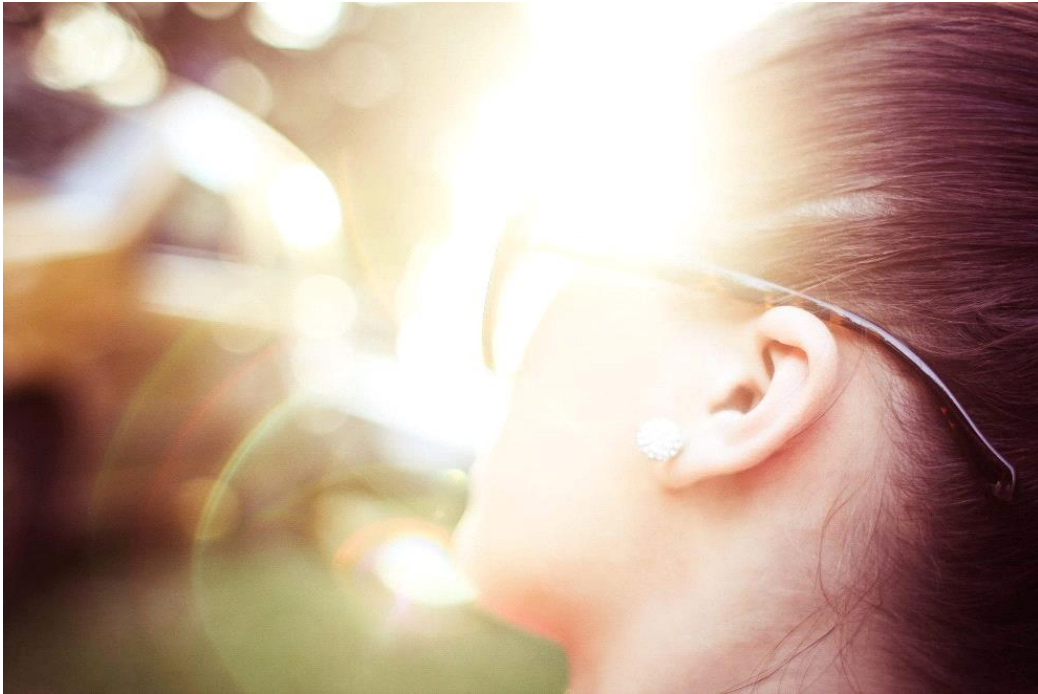
Goal of 80% of infants breastfed at least once and 30% of infant breastfed at least once a day until 6 month of age was not met. 74.6% ever breastfeed and 22% breastfeeding until 6 months of age. Percent Breastfeeding at least once increased from 71.6% since FY 21. There is a lot of factors that contribute to breastfeeding rates. Including community and family support, medical profession, employer breastfeeding accommodation are just a few. The past year has continued to be exceptionally difficult due to COVID 19. Until April WIC was conducting all appointments via phone. Phone communication is substandard to one to one counseling.

Goal of 100% of top satisfaction rating on WIC survey: Overall satisfaction with the WIC program was 96.3% rather than 100%. Reaching 100% is the goal but not necessarily realistic. A few of the responses were the second rating on the satisfaction surveys. Still a good rating but not the top rating. No one indicated they were dissatisfied with the 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.
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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 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.

# **Youth Services**



**Wyandotte House  
Safe Place**

**PROGRAM EVALUATION FINAL REPORT 2021/22**

**WYANDOTTE HOUSE**

**Primary Measures**

**Goal Outcome Percent Achieved**

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%	2 of 2	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	2 out of 8	25%
2	<b>To promote family reunification and community placement</b>			
a	Percent of children who transition into a less restrictive environment	75%	2 of 4	50%
b	Percent of children who maintain contact with family	95%	8 of 8	100%
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%	8 of 8	100%
b	Percent of children who maintain public school attendance during placement	90%	8 of 8	100%
4	<b>Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction</b>	80%	60%	75%
5	<b>Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction</b>	80%	0 surveys received	0%

**Supplemental Measures**

**Number of placements served / county**

Reasons for declining / refusing placement services		Harrison	1
a.	Inappropriate Services: 24	Lake	1
b.	Facility at Capacity: 39	Clark	3
c.	Found Alternate Placement: 6	Marion	1
<b>Total Denied: 69</b>		Allen	1
		Wells	1
<b>Do not count as refusal for measures</b>			
Average duration of care per child -average number of days per placement			
a.	Long-term Placement Average - 209.86		
b.	Emergency Placement Average - 20		
<b>Total unduplicated # of children served = 15</b>			

**PROGRAM EVALUATION FINAL REPORT 2021/22**

**CORYDON RAMSEY HOUSE**

**Primary Measures**

		<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>1</b>	<b>To provide long-term shelter for children ages 10-18</b>			
a	Percent of referred children who are admitted for residential services	90%	None accepted due to closure	0%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in a discharge and emergency discharges)	25% or less	0/3	0%
<b>2</b>	<b>To promote family reunification and community placement</b>			
a	Percent of children who transition into a less restrictive environment	75%	2 of 2	100%
b	Percent of children who maintain contact with family	95%	3 of 3	100%
<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%	3 of 3	100%
b	Percent of children who maintain public school attendance during placement	90%	3 of 3	100%
<b>4</b>	<b>Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction</b>	80%	0 surveys received	0%
<b>5</b>	<b>Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction</b>	80%	0 surveys received	0%

**Supplemental Measures**

**Number of placements served / county**

Reasons for declining / refusing placement services	Spencer	1
a. Inappropriate Services: 5	Scott	1
b. Facility at Capacity:	Bartholomew	1
<b>Total Declined : 7</b>		
Average duration of care per child -average number of days per placement		
a. Long-term Placement Average - 193.3		

**Total unduplicated # of children served = 3**



## PROGRAM EVALUATION MANAGEMENT REPORT FY 2022

**PROGRAM: Youth Services**

1	Did your program meet or exceed all of the goals identified? (Yes or No)	N
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.  Wyandotte House & Corydon Ramsey House . Number of surveys given and/or returned not adequate, data skewed due to not enough surveys received. Management not ensuring surveys were given out or response rates monitored.	
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.  Clinical Manager will ensure surveys are given to all referral sources upon exit of youth from the program. Clinical Case Managers will provide bi-annual satisfaction surveys to youth in December and June of each year.	

**PROGRAM EVALUATION FINAL REPORT 2021/22**

**SAFE PLACE**

<b>Primary Measures</b>	<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>Increase youth and community awareness of program</b>			
Number of articles published annually regarding SP program (ex: BRS Newsletter, HCCF Nslt, Newspaper)	4	4	100%
Number of community presentations annually (ex: 6 Lion's Club, 4 After School, 1 YMCA, community events)	4	6	150%
Number of students receiving SP information annually	1500	2378	159%

<b>Primary Measures</b>	<b>Goal</b>	<b>Outcome</b>	<b>Percent Achieved</b>
<b>Site Recruitment and Maintenance</b>			
Percentage of established sites provided with SP contact information (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: 40 Crawford: 2. Mobile Sites: 33 (Ambulances and SITS)

Number of pending sites: Harrison: 0 Crawford: 5

Number of calls to hotline: 0

Number of youth requesting help at sites: 0