



**Program Evaluation
Management**

Final Report

Fiscal Year 2023

CHILD AND YOUTH SERVICES

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

Jumpstart Preschool

Youth Service's Group Homes
Safe Place

Program Evaluation EOY FINAL Report-FY 23				
Rainbow's End Corydon				
Primary Measures	Goal	Outcome	Percent Achieved	
1	Optimize staff training - average number of hours of in-service training per childcare staff	15	20	133%
2	Maximize the variety of activities offered - percent of activity areas covered per week (gross motor, manipulative procedures, dramatic play, language, math, science, sensory experiences)	10	10	100%
3	Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme	85%	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%	60%	120%
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%	81%	96%

PROGRAM EVALUATION MANAGEMENT REPORT 2023		
PROGRAM: Rainbows End - CYS		
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>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.</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>		

BRADIE SHRUM ELEMENTARY SCHOOL - Final FY23					End of Year	
21ST CCLC PROGRAM						
Primary Measures		Goal	Outcome	Percent Achieved	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	80	80	100%	81/80	101%
2	One hundred percent of 80 students will meet 45 days of attendance by year end.	100%	35/80	44.00%	65/80	81%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	16.4	109%	25.99	173%
4	Participants will score a grade B or higher on reading/language arts report card	60%	49/67	73%	54/69	78%
5	Participants will score a grade B or higher on math report card	60%	50/67	75%	46/69	67%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%	1	100%
7	Optimize family involvement - Number of family events hosted	4	2	50%	4	100%

EAST WASHINGTON ELEMENTARY and MIDDLE SCHOOL - Final FY23				
21st CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program enrollment will meet the target number of students by year end.	40	63	158%
2	One hundred percent of 40 students will meet 45 days of attendance by year end.	100%	55/ 40	138%
2	Optimize staff training: average number of in-service hours and training per afterschool staff	15	26.05	174%
3	Participants will score a grade C or higher on reading/language arts report card	100%	28/ 63	44%
4	Participants will score a grade C or higher on math report card	100%	40/ 63	64%
5	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
6	Optimize parent Involvement - Number of family events hosted annually	4	9	225%
LATCHKEY AFTERSCHOOL				
1	Number of children enrolled	25	26	104%

GREEN VALLEY ELEMENTARY SCHOOL - Final FY23				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	55	29	53%
2	100 percent of 55 students will meet an attendance goal of 45 days by year-end	100%	25/55	45.46%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	51	340%
4	Participants will score a grade B or higher on reading/language arts report card	60%	13/55	24%
5	Participants will score a grade B or higher on math report card	60%	17/55	31%
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/Year	5	125%

MEDORA ELEMENTARY/JR HIGH SCHOOL - Final - FY23					End of Year	
21st CCLC Program						
Primary Measures		Goal	Outcome	Percent Achieved	Outcome	Percent Achieved
1	Program enrollment will meet or exceed the target number.	45	44	98%	46	102%
2	One hundred percent of 45 students will meet 45 days of attendance by year end.	100%	18/44	41%	32	71%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	16	107%	38.15	254%
4	Participants will score a grade of C or higher on reading/language arts on first and second semester report cards	70%	36/37	97%	31/34	91%
5	Participants will score a grade of C or higher on math first and second semester report cards	70%	35/37	95%	32/34	94%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%	0	100%
7	Optimize family involvement - Number of family events hosted annually	4	4	100%	6	150%
MORGAN ELEMENTARY AFTERSCHOOL - Final FY23						
21ST CCLC PROGRAM						
Primary Measures		Goal	Outcome	Percent Achieved		
1	Program will meet the targeted number of enrolled students by year end.	40	47	118%		
2	100 percent of 40 students will meet an attendance goal of 45 days by year-end	100%	44/40	110%		
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	39.08	261%		
4	Participants will score a grade of B or higher in reading/language arts	100%	18/47	38%		
5	Participants will score a grade of B or higher in math	100%	25/47	53%		
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%		
7	Number of family events hosted annually	4	13	325%		
LATCHKEY AFTERSCHOOL						
1	Number of children enrolled	25	22	88%		

NORTH HARRISON ELEMENTARY SCHOOL - Final FY23				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	40	49	120%
2	100 percent of 40 students will meet an attendance goal of 45 days by year-end	100%	41./40	103%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	56.43	376%
4	Participants will score a grade B or higher on reading/language arts report card	100%	31./49	63%
5	Participants will score a grade B or higher on math report card	100%	36./49	74%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Number of family events hosted annually	4	9	225%
LATCHKEY AFTERSCHOOL PROGRAM				
1	Number of Students Enrolled	25	4	16%

NORTH HARRISON MIDDLE SCHOOL - Final FY23				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	40	30	75%
2	100 percent of 40 students will meet an attendance goal of 45 days by year-end	100%	18./40	45%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	38.16	254%
4	Participants will score a grade B or higher on reading/language arts report card	100%	6./30	20%
5	Participants will score a grade B or higher on math report card	100%	10./30	33%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%
7	Number of family events hosted annually	4	6./4	150%

S. ELLEN JONES ELEMENTARY SCHOOL - Final FY23				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	55	37	67%
2	100 percent of 55 students will meet an attendance goal of 45 days by year-end	100%	25/55	45.46%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	28	187%
4	Participants will score a grade B or higher on reading/language arts report card	60%	16/55	29%
5	Participants will score a grade B or higher on math report card	60%	0%	45%
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	7	175%

SALEM MIDDLE SCHOOL - FINAL REPORT FY23						End of Year
21ST CCLC PROGRAM						
Primary Measures		Goal	Outcome	Percent Achieved	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	50	24	48%	26/50	52%
2	One hundred percent of 50 students will meet 45 days of attendance by year end.	100%	5./50	10.00%	12/50	24%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	14.75	98%	40.2	268%
4	Participants will score a grade B or higher on reading/language arts report card	65%	7/24	29%	6/26	23%
5	Participants will score a grade B or higher on math report card	65%	7/24	29%	5/26	19%
6	Minimize the number of accidents that require medical attention: number of accidents that require medical attention	2	0	100%	0	100%
7	Optimize family involvement - Number of family events hosted	4	3	75%	5	125%

SLATE RUN ELEMENTARY SCHOOL - Final FY23				
21ST CCLC PROGRAM				
Primary Measures		Goal	Outcome	Percent Achieved
1	Program will meet the targeted number of enrolled students by year end.	55	42	76%
2	100 percent of 55 students will meet an attendance goal of 45 days by year-end	100%	36	65.46%
3	Optimize staff training: average number of in-service hours and training per afterschool staff	15	16	106%
4	Participants will score a grade B or higher on reading/language arts report card	60%	33	60%
5	Participants will score a grade B or higher on math report card	60%	32	58%
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/Year	9	225%

PROGRAM EVALUATION Final FY23				
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%	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	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	12	100%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	100%	100%

PROGRAM EVALUATION Final FY23				
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%	100%	100%
3	Provide learning opportunities that follow a predetermined theme - percent of weekly activities that correspond with the weekly theme	85%	100%	118%
4	Minimize the number of accidents that require medical attention - number of accidents that require medical attention	2	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	12	100%
6	Maximize satisfaction of the families served - percent of ratings in the top two categories on general satisfaction.	95%	95%	100%

PROGRAM EVALUATION MANAGEMENT REPORT 2023

PROGRAM: Afterschool - CYS

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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Enrollment continues to be down some locations due to staffing. We cannot enroll more children because it is very difficult at this time to hire staff. We currently have about half of our programs full and about half are only at half capacity.

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 plan to look at our pay for afterschool staff as it has not been reviewed in over two years, continue to focus on providing high quality programming and recruiting from staff within the school.

PROGRAM EVALUATION FINAL REPORT 2022/2023

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%	7 of 7	100%
b	Minimize unplanned moves - percent of children who experience an unplanned move (run away resulting in an emergency discharge	25% or less	0 of 11	0%
2	To promote family reunification and community placement			
a	Percent of children who transition into a less restrictive environment	75%	5 of 7	72%
b	Percent of children who maintain contact with family	95%	11 of 11	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%	11 of 11	100%
b	Percent of children who maintain public school attendance during placement or who have graduated.	90%	11 of 11	100%
4	Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction	80%	2 of 2	100.00%
5	Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction	80%	1 of 1	100%

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%	None accepted	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	0/1	0%
2	To promote family reunification and community placement			
a	Percent of children who transition into a less restrictive environment	75%	1 of 1	100%
b	Percent of children who maintain contact with family	95%	1 of 1	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%	1 of 1	100%
b	Percent of children who maintain public school attendance during placement	90%	1 of 1	100%
4	Maximize satisfaction of children served - percent of ratings in the top two categories on general satisfaction	80%	Need more Data	Need More Data
5	Maximize satisfaction of referring agencies - percent of ratings in the top two categories on general satisfaction	80%	Need more Data	Need More Data

Due

PROGRAM EVALUATION FINAL REPORT 2022/23			
SAFE PLACE			
Primary Measures	Goal	Outcome	Percent Achieved
Increase youth and community awareness of program			
Number of articles published annually regarding SP program (ex: BRS Newsletter, HCCF Nslit, Newspaper)	4	4	100%
Number of community presentations annually (ex: 6 Lion's Club, 4 After School, 1 YMCA, community events)	4	4	100%
Number of students receiving SP information annually	1500	2003	134%
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%

PROGRAM EVALUATION MANAGEMENT REPORT 2023		
PROGRAM: Youth Services - Group Homes		
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>Lack of communication between group homes. Higher levels of programming, therapy, case management, aftercare, etc for youth before transitioning as well as ensuring youth accepted into WH are ready for our level of programming.</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>Surveys not completed for transfers to adult group homes, will work with other group homes to ensure this is complete for future moves. Ensure that youth are prepared for step down facility such as WH before accepting them to prevent the need for being moved to a facility that requires a higher level of care.</p>		

Community Resources

Habilitation

In-Home Services

Structured Family Care

Wellness Coordination

HABILITATION YEAR END PROGRAM EVALUATION REPORT FY23

CORYDON

		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	80%	94%
2	80% percent of persons served will achieve 75% of their objectives.	80%	19%	24.00%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	86%	96%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	85%	85%
5	Access the community no less than 4 days per week to be in compliance with the HCBS Final Rule	100%	85%	85%

SALEM

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	81%	95%
2	80% percent of persons served will achieve 75% of their objectives.	80%	72%	90.0000%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	89%	99%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	87%	87%
5	Access the community no less than 4 days per week to be in compliance with the HCBS Final Rule	100%	93%	93%

PALMYRA

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize the number of service hours provided	85%	86%	101%
2	80% percent of persons served will achieve 75% of their objectives.	80%	36%	45.00%
3	Maximize personal choice - percent of goals that contain choice-making opportunities.	90%	84%	93%
4	Maximize satisfaction of persons served and their advocates. Percent of ratings in top two categories in consumer satisfaction survey.	100%	100%	100%
5	Access the community no less than 4 days per week to be in compliance with the HCBS Final Rule	100%	89%	89%

PROGRAM EVALUATION MANAGEMENT REPORT 2023

PROGRAM: Habilitation

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 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; Access the community no less than 4 days per week to be in compliance with the HCBS Final Rule. Several factors played into the Habilitation program not meeting its goals including plans from other providers and BRS not receiving updates or reports timely, medical appointments of persons served interrupting their service hours, cancellations on scheduled days and not being able to reschedule due to full rosters on all days at the site, annual plans written by other providers not including choice making goals, weather and transportation issues making it difficult or impossible to access the community at times.

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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Goals areas continue to be discussed at staff meetings. Habilitation Service Coordinators are being more vocal at team meetings and advocating for more personal choice goals to be added to plans. Families, other providers and group homes are asked to schedule appointments outside of scheduled Habilitation days for each person served if possible. Staff continue to encourage each person served to work on their objectives. Staff work with the persons served to find more enjoyable methods and ways to work on their objectives as well. The Habilitation program works with SITS (BRS Transportation agency), BRS Industries and BRS Supervised Group Living staff to have access to vehicles to use when the program's are not usable due to needing repairs or other reasons. Blue River Services CORE programs are in the process of establishing a OneDrive filing system, which will enable all employees working with an individual access to their plans, reports, updates, etc. This will aid in the Habilitation program receiving information they may not have received previously. Satisfaction surveys are were altered over the past year which only gave persons served three options of satisfaction levels (excellent, average and poor). This form did not match up to the goal of 'top two categories' so it will be adjusted to include the 5 areas that were previously used and are used by other programs.

IN-HOME SERVICES YEAR END PROGRAM EVALUATION REPORT FY23

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%	2%	98%
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%	85%	85%
2	Maximize utilization of authorized service hours - percent of authorized hours that were used by the family			
a	Utilization of Respite services	75%	43%	57%
b	Residential Habilitation and Support	90%	83%	92%
c	Day Services (Community Habilitation Individual--CHIO)	90%	67%	74%
d	Attendant Care	90%	68%	76%
e	PAC	90%	88%	98%
f	RBHA	90%	68%	76%
3	Maximize satisfaction of persons served and their advocates - percent of ratings in the top two categories on general satisfaction.	100%	90%	90%

PROGRAM EVALUATION MANAGEMENT REPORT 2023

PROGRAM: In-Home Services

1	Did your program meet or exceed all of the goals identified? (Yes or No)	No
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2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.
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Goal areas not met this fiscal year included: Prevent institutionalization, Prevent temporary placement in a behavioral medicine unit, Increase or support independence through skill acquisition, Maximize utilization of authorized service hours, Maximize satisfaction of persons served and their advocates. One person served was admitted into a Group Home as his health and safety needs became greater and he required 24/7 supervision, which In-Home does not provide. One person served was admitted into a behavioral medicine unit for a brief stay. As the community continued to open back up from the pandemic and families/persons served continued to become more comfortable to returning to normal activities, the persons served are needing more encouragement and assurance when working on their objectives and building their skills. Staff continue to look for more resources and sites to engage the persons served. Service hours provided continue to improve in most service areas. There are still some families that do not utilize all authorized services by their choice.

3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.
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All staff continue to monitor and assist persons served with all aspects of their care. If there are concerns, they are brought to the manager's attention. If they live with families, families are notified. BRS work with persons served, families and waiver team members to ensure the persons served have adequate supervision and are residing in appropriate settings that meet their needs. As behavioral incidents occur, behavior manager is contacted when available. Behaviors and concerns are discussed at all team meetings to ensure the person served is receiving the waiver services appropriate for them. Staff continue to encourage persons served to work on building their skills and meeting their goals. Sometimes, the person refuses or has no interest. Staff will report this to their manager. Goals are discussed at team meetings and can be changed to address what the person served does want to work on. Families are encouraged to set up a weekly service schedule so manager can utilize staff to cover all authorized service hours. There are some services, such as respite, that can be used on an as needed basis. There are several families/persons served that are authorized this service but never utilize it. Managers work with the families and case managers to only have authorized on the budget what the family/person served will actually use.

STRUCTURED FAMILY CAREGIVING YEAR END PROGRAM EVALUATION REPORT FY23				
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%	67%	67%
2	Increase or support independence through skill acquisition - 90% percent of persons served will achieve 100% of PCISP objectives	98%	98%	100%
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 2023		
PROGRAM: Structured Family Caregiving		
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>There was one goal area not met this fiscal year: All persons served in the program remaining in a stable home for at least one year. There were two residents over the past year that were moved from their SFC home into new SFC homes. In this instance, the SFC Householder was going through personal/family issues and was not able to properly care for the resident in her home any longer and requested they be placed elsewhere. The two residents are very happy with their new placements.</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>Visits prior to placement of a resident continue to be proper procedure. The SFC Manager and Coordinator meet with the resident several times and discuss any concerns they may have. They also meet with the potential householder to discuss their concerns. The waiver team is involved in the placement process as well. The entire waiver team meets several times during the transition process. Manager/Coordinator continue to be on-call for residents and Householders and address issues and concerns as they arise. The well-being and happiness of the SFC resident is always priority.</p>		

WELLNESS COORDINATION YEAR END PROGRAM EVALUATION REPORT FY23				
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%	27%	73%
3	Maximize satisfaction of people served: percent of ratings in the top two categories of overall general satisfaction	90%	100%	111.0%

PROGRAM EVALUATION MANAGEMENT REPORT 2023		
PROGRAM: Wellness Coordination		
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>There was one goal area not met this fiscal year: Prevent hospitalization. There were various reasons that individuals in this program were hospitalized over the past year, including broken bones requiring surgery, seizures, falls and Covid to name a few. The Wellness Coordination Nurse continued face-to-face monthly visits as well as weekly check-ins to each person served in the program as their budgets authorized. The Nurse provided training to staff working with each person served to address areas of concern.</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>Face-to-face visits and weekly checks will continue with each person served in this program (as authorized on their budgets). The Nurse will provide follow-along care and training to staff working with each person served as needed and as new concerns arise. Annual plans, quarterly reviews and monthly notes will be thorough and shared with all waiver team members. The Nurse will provide on-call assistance. The Nurse will communicate any areas of concern with residential waiver provider and/or other waiver team members so the person served can seek out and receive the care they need.</p>		

Employment Services

Discovery Placement

EMPLOYMENT SERVICES FINAL PROGRAM EVALUATION REPORT 2022				
DISCOVERY				
Primary Outcome Measures		Goal	Outcome	Percent Achieved
1	To minimize length from referral to discovery: Average number of days	45	20.5 days	100%
2	To maximize discovery services: Percent of persons served who complete discovery services	75%	27 of 33	82%
Placement				
Primary Measures		Goal	Outcome	Percent Achieved
1	To obtain community-based employment - percent of persons obtaining community-based employment.	80%	12 of 30	40%
2	To obtain a regular competitive wage - average hourly wage	\$7.25	\$10.10	100%
3	To maximize job retention - percent of persons that retain employment for 90 days	75%	69%	69%
4	To minimize program length from referral to placement - average number of days from referral to placement	180	36 days	100%
5	Increase or support independence through skills acquisition - percent of persons served who achieve at least one ISP objective	95%	95%	95%

PROGRAM EVALUATION FINAL MANAGEMENT REPORT 2022		
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>Placemant Goal 1 - The continued barriers to employment are a cause and effect in not meeting this goal. Employers are still hesitant to hire people with disabilities. They see them as a liability or are not educated as to the benefits of hiring the people we serve. Additionally, some of the people we serve are afraid of losing their benefits and may not follow through in getting the actual job.</p> <p>Placement Goal 2 - One person served quit jobs 10 times in the last year, which lowered the retention rate for maintaining employment for 90 days.</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 needs of employers and the status of participants, while offering education to both parties. Provide appropriate job matches and traing to ensure success of the participant and satisfaction of the employer.		

Family Services

First Steps
Healthy Families

FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY2023

FIRST STEPS OF SOUTHERN INDIANA

Primary Measures		Goal	Outcome	Percent Achieved
1	Maximize satisfaction of families served - average rating on general satisfaction (SPOE)*	90	89	99%
2	Maximize satisfaction of families served - average rating on general satisfaction (ED Team)*	80	89	111%
3	Referrals are received from every county every month.	95%	98.5%	104%
4	At least 3.84% of children birth to 3 will be served (One day child count of 984)	984	1673	170%

*Data is combined for West Central & Southern Indiana

PROGRAM EVALUATION MANAGEMENT REPORT 2023

PROGRAM: First Steps

1	Did your program meet or exceed all of the goals identified? NO (Yes or 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 were so close at 99% on the goal to *maximize satisfaction of families served - average rating on general satisfaction (SPOE)*. Both Clusters had significant staff turnover and short staffing which impacted family satisfaction. At one point this year there were eight Service Coordinator positions open. As of 6/30/2023, only two of those eight remained open.

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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1- We will fill the remaining open Service Coordinator positions in order to provide higher quality service to families. 2- Because of how the survey was set up online, we were unable to split the data between the two Clusters. For 2024, we will create two surveys online, one for each Cluster. This will allow us to better examine any negative responses.

FAMILY SERVICES PROGRAM EVALUATION FINAL REPORT FY2023

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	97	102%
2	Families offered home visitation services will accept and enroll in the program.	50%	80.7%	161%
3	Direct Service Staff will receive weekly supervision sessions.	75%	84.7%	113%
4	Each FSS will have a full caseload (f/t caseweight 28 and p/t caseweight 14).	83%	75.2%	91%

PROGRAM EVALUATION MANAGEMENT REPORT 2023

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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We had 3 of 4 Family Support Specialist positions open for most of the year. This really limited the number of families we are able to assess and serve.

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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At this time, we only have 1 of 4 FSS positions open. We are hopeful to fill that quickly and retain all of the new staff we hired in April and May.

Housing

Affordable, Accessible, Senior and
Transitional Housing

HOUSING PROGRAM EVALUATION Annual REPORT 2022-2023				
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%	95%	112%
b.	Percentage of families transitioning into permanent housing	90%	94%	104%
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%	80%	107%
c.	Percentage of woman who achieve half of their Individual Program Goals	65%	89%	137%

PROGRAM EVALUATION MANAGEMENT REPORT 2023		
PROGRAM: HOUSING		
1	Did your program meet or exceed all of the goals identified? (Yes or No)	yes
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.	
The housing department is working towards setting up a pipeline of projects for the next 5 years. The housing director is communicating the need of affordable housing to local leadership and community partners to stay current on the needs of the communities we serve.		

Industries/Janitorial

Corydon Blue River Industries

Salem Blue River Industries

Janitorial Services/State Use Facility

PROGRAM EVALUATION REPORT FY2023 July thru June

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	17	65%
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	19	73%
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%	31	22	71%
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%	31	24	77%
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%	31	31	100%

PROGRAM EVALUATION MANAGEMENT REPORT FY 2023 July thru June

PROGRAM: Industries -- Corydon and Salem

1	Did your program meet or exceed all of the goals identified? (Yes or No)	No
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2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.
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Goal 1a. For Corydon we only increased 65% of the persons served monthly production rate. Goal 2a. For Corydon we only increased 73% of persons served average wage earned. Goal 1a. For Salem we only increased 71% of the persons served monthly production rate.

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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Both shops will continue to work with persons served to increase rate by working one on one with individuals that need help and by trying to find some kind of jig or piece of equipment to help with production.

JANITORIAL STATE USE REPORT FY2023 July thru June

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%		Did not have any Surveys returned (1)
2.	Employ people with disabilities to meet the state contract.	51%		46%

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%	Have not received any citations	100%
2.	Optimize the number of people with a disability employed through state use programs	51%		46%
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)
4.				

PROGRAM EVALUATION MANAGEMENT REPORT FY 2023 July thru June

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.
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Goal to employ people with disabilities to meet the State contract - goal is 51% we were able to accomplish 46%. 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 - \$4 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.
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Will get with HR to look at how we are advertising job. Continue to send crews when needed.

Residential Services

Supervised Group Living (SGL)

Residential Supervised Group Living						
Final Program Evaluation Management Report						
Reporting Period: July 1, 2023 to December 31, 2023						
	Primary Measures	Relative Weight	Goal	Outcome	% Achieved	Points
1.	70% of residents will achieve 50% of their objectives.	20	70%	48%	69%	28.98
2.	Number of days all beds are utilized	40	100%	88%	88%	35.20
5.	96% of family satisfaction survey questions will be rated 4 or above.	40	96%	79%	82%	32.80
Totals		100				96.98

PROGRAM EVALUATION MANAGEMENT REPORT 2023		
PROGRAM: SGL		
1	Did your program meet or exceed all of the goals identified? (Yes or No)	NO
2	For the goals that were not met, list below any determining factors that may have prevented the program from meeting the goal.	
<p>Goal #1 The residential SGL Department will improve staff recruiting and retention. We are continuing as it has been a success. Goal #2 The Residential/ SGL Department will emphasize staff training we did not meet the goal 100% minimum of 24 hours. Assistant Director is keeping track and implementing new practices to ensure staff completed the necessary trainings. We have also found new topics to assign that will help in different areas amongst the homes. Goal #3 was very close only one group home did not complete the activity of a group outing or something to involve the families and that only happened because bad weather cancelled it. The homes enjoyed this so we are also continuing this goal as well. The home that did not complete is planning the event very soon. Goal #4 was not completed either The Residential SGL Department will continue improving the use of the electronic tools to increase consistency and effectiveness of documentation. WE are continuing this goal as we have added different efforts to increase the documentation as well as the assistant director is going into each home and providing one on one training as needed. The last Goal #5 The Residential SGL Department will maintain high quality standards in each group home as well as was not met as we have been hit hard by state recently. WE are continuing this goal as it is very needed and the new director has incorporated several new plans and ways to improve this goal. The assistant Director is going to enforce that these goals are being monitored and improved upon. Goal #6 The residential SGL Department will focus on health and well-being of the residents is also a continued goal as we have hired an additional nurse to help the Director in implementing the best healthcare practices and making sure that the managers are keeping the scheduled appointment as well as scheduled all the necessary appointments.</p>		
3	List below what steps will be taken during the next Fiscal Year to improve the outcome of the goals that were not met this year.	
<p>Goal #1 attending job fairs and advertising flyer to create a more inviting environment for recruiting. Assistant Director took over and is also making sure each month the manager are giving a list of employees that do not have their trainings complete. She is also keeping all the training records. Goal #3 The only home not to complete had to cancel their event due to severe weather at last minute and it was not able to be rescheduled by end of fiscal year. Goal# 4 Documentation has come a long way but we just need it to continue to improve so we are doing training and staff meeting on this topic. Goal #5 We have put in place several new procedures amongst the homes to incorporate the residents and we have had staff meeting where the director and assistant director are present to discuss the importance of these things and a new system of keeping track of records for state. Goals #6 We have also implemented a activities calendar and menu planning with residents weekly and it is mandatory. The managers have all been trained and we have a few homes attending the YMCA for exercise as well. We have also assigned new e-front trainings that go over certain areas like these.</p>		

Transportation Services

Day Services, Public, Children's
Transportation

PROGRAM EVALUATION FINAL REPORT 2023

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%	100%	100%
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%	87%	87%
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.	0%	N/A	0%
2	Maintenance facility will operate effectively for the midbuses that serve these clients by performing yearly ISP inspections on all child supported vehicles.	0%	0%	0%

SUPPLEMENTAL INFORMATION				
	<i>Average rider time per one way trip:</i>		45	
	<i>Number of people served:</i>		1042	
	Day Service:		22	
	Public:		446	
	Pre-school:		0	
	Transit		506	
	Urban		77	
	Number of one-way trips:		19110	

PROGRAM EVALUATION MANAGEMENT REPORT FOR 2023

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, including a lot of requests are for areas and timeframes that standing orders are scheduled for committed passengers for work and other services. There are still requests for areas we do not transport to, such as Louisville, KY for medical offices. Requests have picked up since the Pandemic. There are still some driver staff shortage of resources. SITS management is still monitoring this process closely. Lack of staff presents a strain on existing services and customer service. When staff is low, it causes multiple impacts to service abilities. The shortage in the entire school bus industry is still an ongoing issue for schools getting drivers as well as our system when it comes to CDL drivers. The Transportation lost CDL drivers due to several reasons. While SITS has increased it's pay for drivers, and we are hiring drivers, SITS is also losing drivers due to health issues and retirement decisions. SITS management is prioritizing the interview process and trying to be fully staffed to meet its objectives.</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 newhires, 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 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 and hire more staff. SITS will engage again in more ads for drivers needed, and senior transportation. One of the more successful ad campaigns, is warping a vehicle with a SITS ad, which as worked. 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 improve satisfaction.</p>		

Women's, Infants and Children

Nutrition Services for Crawford,
Harrison, Orange and Washington
Counties

WOMEN, INFANTS AND CHILDREN Final EVALUATION REPORT 2023				
		Goal	Outcome	Percent Achieved
1.	Number of clients receiving supplemental food and nutrition counseling	2,304	2,228	97%
2.	Percent of infants breastfed at least once a day until 6 months old	30%	27%	90%
3.	Percent of infants breastfed at least once	80%	79.1%	99%
4.	Top satisfaction rating on WIC state survey: Overall satisfaction with the WIC Program	100%	100.0%	100%

PROGRAM MANAGEMENT REPORT 2023				
WIC				
	Did your program meet or exceed all of the goals identified?	Caseload	(Yes or No)	No
	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 of age was not met. 79.1% ever breastfed and 27% breastfeeding until 6 months of age. WIC breastfeeding rates have increased over the past year and almost reaching our goal. Increased support through breastfeeding peer counselor program has and will continue to increase breastfeeding. Providing the best start for both mom and baby. Other factors that contribute to breastfeeding rates, include community and family support, medical profession, and employer breastfeeding accommodation are just a few.</p> <p>Caseload was not met. Caseload was at 98%. One of the main issues with meeting caseload during this fiscal year was changing from phone services due to the pandemic to going back to in person appointments. Clients adjusting to in person services has definitely impacted caseload. The past few months caseload has been increasing.</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 to support families and provide education and supplies to overcome breastfeeding barriers. 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 will utilize text messaging service and routinely send positive messages to breastfeeding mom's and baby.</p> <p>WIC continually does outreach in the community. Staff runs no show reports, clients eligible for benefits and medicaid outreach reports and reaches out to clients to continue their WIC benefits.</p>				