

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 of the current year!

Agency Name: Lutheran Services in Iowa

Program Name: Crisis Child Care

Brief Description:

Lutheran Services in Iowa's (LSI) Crisis Child Care (CCC) program provides free, short-term child care to families that are experiencing an emergency or crisis situation (i.e. death in the family, hospitalization, homelessness or domestic violence) and lack the resources and/or social supports to provide safe, appropriate care for their children. The program serves children age birth to 12. Placements are provided for a maximum of 72 continuous hours in a registered child development home. The program is available 24 hours a day, seven days a week via cell phone which is assigned to either program staff or "back up" providers at all times. The availability of Crisis Child Care reduces the number of parents forced to select a potentially unsafe care environment for their children when a crisis or emergency situation arises.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

The program or service outcome stated in our proposal would be the percentage of children returning home safely. The program has benefited the community by providing a safe environment for children while their parents are experiencing a crisis or emergency situation. The program goals and outcomes include:

- 1. To return children safely to their home-100% of children were successfully returned to their home*
- 2. To offer referral and information to families that utilizes the program, as well as those that may be in need of placement services in the future-100% of families received referrals*
- 3. To increase program awareness throughout the community-A variety of outreach strategies were utilized to increase program awareness throughout the community including phone contacts, personal meetings and group presentations*

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Through intake and paperwork we track the number of children going into CCC and the number of those children that are able to return home without further involvement by DHS. Our paperwork includes: intake, eligibility determination, information about child(ren), time child(ren) went into CCC, time returned home (if returned home) after CCC, who is transporting, and which provider is providing CCC.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Quarterly we track and report on the number and percentage of children returning safely home after placement through intake and paperwork. This includes reports to funders and reviewing information via LSI's Continual Quality Assurance system.

Additionally, LSI has a staff member not involved with the transport/process follow up with families one month after utilizing CCC to garner input on staff, program and any suggestions changes if necessary.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

1. To return children safely to their home-100% of children were successfully returned to their home.
2. To offer referral and information to families that utilize the program, as well as those that may be in need of placement services in the future-100% of families received referrals or additional information
3. To increase program awareness throughout the community- LSI is continuously spreading the word about crisis child care. During this fiscal year we have had referrals from ACCESS, YSS, DHS, McFarland clinic, CICS and word of mouth.

*results calculated quarterly

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

A barrier we continue to encounter in Story County is the lack of child care options, especially for children 0-5. Providers are registered day care providers through DHS and are required to maintain a specific ratio, the younger the child the smaller the ratio. We are running into our providers being full on a regular Monday-Friday 7a-6p basis. Therefore we have had to turn some families away this fiscal year. With providers being full during the week, and having their own children on the weekends we are seeing less and less providers willing to sign up for crisis child care. Currently we have 5 providers on our list and are actively seeking additional providers. People Place works with CCR&R and completes their own marketing to providers in hopes to gain additional providers throughout the fiscal year.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Crisis child care has served 8 unduplicated families and 16 unduplicated children for a total of 591 hours.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

We have had to turn away 14 families due to not having space in our providers ratio's.

8. Comments:

Families may use crisis child care more than once, which is common based on the degree of challenges the family may be facing.

Staff Use Only:

Change/ Benefits demonstrated for client/ community?

Yes No

Quantifiable Outcome Measures?

Yes No

Outcomes Reported?

Yes No

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 of the current year!

Agency Name: Lutheran Services in Iowa

Program Name: Parents as Teachers

Brief Description of Program:

The Parents as Teachers (PAT) program is an evidence-based home visitation program that offers support and education to at-risk parents of children ages 0-5 in Story County. Through Individualized home visits with a certified Parent Educator the program strives to help parents understand their role in encouraging their child's development from the beginning. Participation in the program is voluntary and the frequency of home visits is determined based upon the individual needs of the family. Goals are individualized to meet family needs. Additional support is provided through connections to community resources, activities and monthly group meetings.

9. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

The PAT parent educators have completed the required basic foundational and model training to meet the affiliate requirements. Additionally, the parent educators have completed the PAT 3-kindergarten training and car seat technician training. Additional training give staff the opportunity to focus more on specific ages and areas in learning to enhance and benefit the parent and child's early educational experience.

The community has identified the need for early education opportunities that promote learning, healthy development and prevent child abuse. The PAT program addresses factors related to these issues to improve outcomes for children and supporting parents in their parenting role to promote optimal child development and positive parent-child interactions. Due to the majority of PAT families experiencing language and cultural barriers PAT parent educators collaborate with other community organizations to help offer resources and referrals when appropriate.

Program goals and subsequent outcomes include:

- 1) 90% of families will improve or maintain healthy family functioning, problem solving or communication
- 2) 69% of families will increase or maintain social supports
- 3) 78% of families are connected to additional concrete supports
- 4) 61% of families will increase knowledge about child development and parenting
- 5) 50% of families will improve nurturing and attachment
- 6) 98% of children will be safe from child abuse

10. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

PAT evaluates and monitors program success utilizing (1) Annual PAT curriculum compliance evaluation by the PAT National Center; (2) Input of demographics, visits, goal progress, health history, parental Depression Screens, ASQ Developmental Screens and Life Skills Progression into Daisey (state-wide) and/or Vision Works (LSI) databases. Early Childhood steering committees analyze data quarterly, making recommendations to the program; (3) LSI Quality Improvement monitoring quarterly; (4) Developmental milestones monitored and documented at each visit; (5) Service Coordinator shadows home visits and contacts families for suggestions to increase visit effectiveness; (6) Satisfaction Surveys conducted after the first 8 weeks of visits and twice per year thereafter.

11. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

PAT continues to use the measurement tools stated above to demonstrate family satisfaction, relationship building between child and parent(s), child development and understanding and goal progress. The life skills progression worksheet is done every 6 months, based upon the initial enrollment date of the family and the LSP is designed to measure changes and or maintenance in parenting practices. The PAT updates cannot be completed on a participant until the family has completed a second LSP during the funding year.

12. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

- a. 100% of families will improve or maintain healthy family functioning, problem solving or communication
- b. 88% of families will increase or maintain social supports
- c. 75% of families are connected to additional concrete supports
- d. 44% of families will increase knowledge about child development and parenting
- e. 44% of families will improve nurturing and attachment
- f. 98% of children will be safe from child abuse

Results are based on quarter one of the fiscal year.

13. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

One of the barriers we are seeing as we enroll higher risk families is working with the family through chaos. Working on keeping their scheduled visits and being prepared when staff arrive. Staff have several engagement tactics to work with these families. Staff are making sure to text the day before and the morning of to remind families. Some staff are able to be more flexible and reach out to the family each week to schedule what works for that week.

14. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

As of November 30th the PAT program has served 38 families and 51 children with a total of 253 visits done by our Parent Educators.

15. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

We have not had to turn away any families.

16. Comments:

Staff Use Only:

Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 of the current year!

Agency Name: Lutheran Services in Iowa

Program Name: Family Development/Education

Brief Description of Program:

Parent education programs aimed at increasing confidence and competence in parenting skills. The educational programs are chosen based on the needs of the parent participants, the issues they are currently dealing with in their families, and; the ages of their children. Each program addresses child abuse prevention by; (1) increasing parents' knowledge of parenting skills and child development, (2) effective parent communication and; (3) positive discipline strategies; (4) effective praise and encouragement of children; (5) ways to bolster children's self-esteem, and; (6) methods to reduce parental stress. Programs include: After Baby Comes (ABC) Parent group and Nurturing Parent Classes. Both programs include free childcare access during sessions.

17. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

Staff works to meet the needs of families who attend programs through LSI's People Place. Several staff are trained in the Nurturing curriculum and are able to facilitate the group and maintain continuity should the main facilitators become unavailable due to illness, or other circumstances.

The benefit of the programs offered, to both the families and the community, are that parents are learning new skills to not only support their children, but to further support and enhance their parenting skills. Since parents are also being connected with other community resources they are becoming more resourceful and confident in seeking out services, should the need arise.

Program goals and subsequent outcome include:

- 80% of parents will report an increased confidence in parenting.

18. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Our programs utilize the protective factors, and the Nurturing Parent curriculum. Evaluations are completed after each speaker as well as after each course. Speakers or workshops vary during ABC but at minimum we have two speakers a month. Nurturing parent runs a session in the Fall and Spring, each session is around 8-10 classes. Evaluations are completed, compiled and discussed with staff members during supervision.

19. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Our protective factor forms are submitted to PCA Iowa. Evaluations are collected and evaluated quarterly to measure parent satisfaction.

20. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

After evaluating our first quarter results 100% of parents report an increased confidence in parenting and are satisfied with the service.

21. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

A challenge our morning group faces is communication with our families due to cultural and language barriers. We have been able to try and address this by having speakers come in and present slower, and spend more time asking questions. It has also helped having a People Place staff member in the parent room when guests are here, but due to our staffing that isn't always an option. We recently had a staffing change and currently we only have one part time staff working during the morning programming so it has been a challenge to bring in speakers. Until we are able to hire another staff member we have had our Parent Educators offer programming and parent handouts from our Parents as Teachers programming.

22. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

To date the program has served 49 unduplicated families and 67 unduplicated children.

23. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

We have not had to turn away any families from the program.

24. Comments:

The Nurturing parent education group meets the 2nd and 4th Monday of each month. A meal and childcare is provided. Topics covered are: Brain Development, Empathy, Nutrition, Ages and Stages of development, Developing Personal power, Praising children and their behavior.

After Baby Comes (ABC) meets Wednesday and Thursday mornings. At minimum a presenter is brought in once as month to discuss issues related to community events for low income families to partake in or various Parenting education topics.

Staff Use Only:

Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 of the current year!

Agency Name: Lutheran Services in Iowa

Program Name: Story County School Based Mental Health Services

Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

The future of the Affordable Care Act still remains an unknown quantity for all Iowans, but especially the most vulnerable among us, children and youth. Any legislative acts that may inadvertently prevent Story County residents from accessing affordable mental health care would significantly impact child and youth well being. LSI addresses this through advocacy with our elected officials and creating public awareness of the importance of access to health care. LSI also considers applying to foundations, granting sources, and other philanthropic groups and organizations for funds to support this work.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

*75% of students reduced clinical behavioral symptoms (measured through recording clinical symptoms present at intake with those at discharge).

No students were served through Story County ASSET during this time period. All clients had access to Medicaid or private insurance.

*75% of students achieve at least 50% of their established treatment goals (measured through review of established treatment goals completion at discharge).

No students were served through Story County ASSET during this time period.

*75% of students and staff would recommend this service to other students in their school (measured through student surveys taken quarterly).

No respondents to surveys during this time frame.

*75% of students reported an increase in their feelings of being able to succeed in school due to the therapy they received (measured through student surveys taken quarterly).

No respondents to surveys during this time frame.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

1. Treatment plan goal completion at discharge (ratings include 100% met, 75% met, 50% met, 25% met, and 0% met). Goals are developed in collaboration with student, parents, and school.
 - a. No students were served for Story County ASSET during this time frame.
2. Reduction in behavioral symptoms (recorded at baseline and discharge).
 - a. No students were served for Story County ASSET during this time frame.
3. Client & school satisfaction with services gleaned from surveys taken twice annually.
 - a. No survey results available at the time of this reporting.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

No students were served using Story County ASSET during this reporting period.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

The income eligibility criteria and process parameters around program participation became more restrictive once DCAT funding termed for this service July 1, 2017 and the advent of ASSET funding. The process for referrals involves pre-authorization and pre-approval for services through CICS, which is more restrictive than the previous process under Story County DCAT. Moreover, the service units through CICS are short-term if approved and inadequate to providing comprehensive, in depth school based therapy. Some families feel the eligibility process is too long and invasive, opting not to apply. Schools has been identifying few if any uninsured or under insured students this fiscal year, largely due to most students who were identified as having emotional or behavioral issues requiring intervention were insured.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

No students were served utilizing Story County ASSET during this reporting period.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

LSI has not had any students apply for this program during this reporting period. Referred clients were eligible for Medicaid or private insurance.

8. Comments:

The income eligibility criteria and process parameters became more restrictive once DCAT funding termed for this service July 1, 2017. The process for referrals involves pre-authorization and pre-approval for services through CICS, which is more restrictive than the previous process under Story County DCAT. Moreover, the service units through CICS are short-term if approved and inadequate to providing comprehensive school based therapy. Some families feel the

eligibility process is too long and invasive, opting not to apply. LSI has not received referrals for clients who are uninsured or underinsured during this reporting period.

Staff Use Only:

Change/ Benefits demonstrated for client/ community?

Yes No

Quantifiable Outcome Measures?

Yes No

Outcomes Reported?

Yes No

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 of the current year!

Agency Name: Lutheran Services in Iowa

Program Name: Hourly Supported Community Living

Brief Description of Program: LSI's Services for People with Disabilities (SFPD) helps children and adults with disabilities and chronic mental illness learn life skills for independence. We provide one-on-one support to clients in their homes and in the community to build independent living skills.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

We support people in leading lives full of meaning and fulfillment and in making moments they can be proud of. That might look like learning how to take CyRide for the first time, shopping for groceries, or learning how to use the public library. Clients are receiving vital services that enable them to maintain or increase their level of independence in the community. Community based services such as ours help to keep our clients stay out of institutional placements and higher levels of care, such as an RCF or extended psychiatric hospitalizations. Those higher level placements are also much more costly to the state.

- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

We measure the progress and barriers for each of the people we serve on a monthly basis, reporting out in quarterly updates to their corresponding funder. Progress and barriers are tracked via program notes and often times on individual tracking forms. Progress and barriers are frequently evaluated by how many prompts a client needed to make progress toward a goal.

- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

Out of the people who are currently able to meet with staff, approximately 90% are willing to work on at least one goal consistently, and have made progress since July 1st.

Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

At this time last year, Client 1 (CMH waiver) had been suspended from school for making threats and was failing her classes. Now, through working on communication and emotional regulation

with her LSI staff, she is able to work on a group project with someone she had been fighting with and currently has all B's and A's.

Client 2 (HAB waiver) has been working with staff to clean his apartment and become more active in the community. When he first started with staff he would cancel often and did not like to go out into the community. TS still has some cancelations, but has now been able to work on cleaning his apartment with staff and is able go to different community locations and is interacting with others while in the community.

Client 3 (ID waiver) is homebound. With staff support she is able to get out into the community to do things that she loves, like going to the library, and is able to get out to the grocery store. LS has not had isolated herself due to depression since she has been able to get out on a regular basis.

4. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

Clients choose to meet infrequently or don't meet for a full scheduled session. This is by far the biggest challenge to staff supporting clients consistently and to be able to make progress towards goals.

5. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

31 active clients served.

6. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

Clients have not been turned away, but have been placed on a waitlist due to staffing shortages. This has been an ongoing situation for over a year. Clients on the waitlist have periodically been matched with staff, but others were able to obtain services with another agency. At this time, we are evaluating putting all referrals on hold until we are able to hire additional staff.

7. Comments:

Staff Use Only:

Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No