



PROGRAM EVALUATION REPORT

In-Home Respite Agency (per Title 17, Section 56800)

I. Identifying Information

Agency Name: Community Interface Services Program Name: In-Home Respite Service
 Vendor Number: HQ0683 Report Period: July 1, 2009-June 30, 2010
 Date Submitted: September 30, 2010 By: Necole Vano, Unit Supervisor
 Number of Consumers served on July 1, 2009 (beginning of Fiscal Year) 5
 Number of Consumers served on June 30, 2010 (end of Fiscal Year) 11

II. Evaluation Design

The purpose of this evaluation is to conduct an annual review of the effectiveness of the program in relation to the program design. Data relevant to consumer needs, the outcome objectives in the Program Design, and family member satisfaction is collected via document review, and/or survey. The report is distributed to the vendoring and user Regional Centers and the Department of Developmental Services, maintained on file by the vendor, and distributed as per the vendor's program.

III. Consumer Needs Encountered During Service Delivery

- | | | |
|---------------------|------------------------------|---|
| √ Bathing/Grooming | √ Behavioral Support | √ Medication Reminders |
| √ Dressing | √ Social Interaction Support | <input type="checkbox"/> Transfers (non-amb.) |
| √ Eating/Food Prep. | √ Safety Supervision | <input type="checkbox"/> Other _____ |
| √ Toileting | √ Transportation | <input type="checkbox"/> Other _____ |

IV. Review of Effectiveness in Relation to Program Design

Outcome Objective	Aggregate Data/Current Results
90% of all Consumers served by this agency will remain living in the family home.	100 % of all Consumers served have remained living in the family home. Objective met.

V. Family Member Satisfaction Survey Results

Relevant Satisfaction Survey Questions	Aggregate Data/ Results
-Are you happy with the respite services that you are receiving? -Are you happy with the activities you are participating in while with your respite worker? -Do you like your respite worker? -What do you like best about your respite services?	- 100 % of those who responded were satisfied with services. - 100 % of those who responded were happy with the activities they were participating in. - 100 % of those who responded like their respite worker. -“That Terry gets much needed physical activity (walking) in the community and I get much needed respite.” “Couldn’t be a better help to a parent with a special needs child” “Megan and I both benefit from services”

IV. Actions Taken on Results of the Evaluation

An area of need identified during this last fiscal year has been developing consistent schedules with families to ensure that their respite needs are met on an ongoing basis. The program supervisor will take a more active approach in contacting respite families to make sure the respite worker is meeting the family's needs and scheduling preferences and to assist in facilitating the scheduling of respite hours if needed. This approach will hopefully help some families access much needed respite service on a more consistent basis.