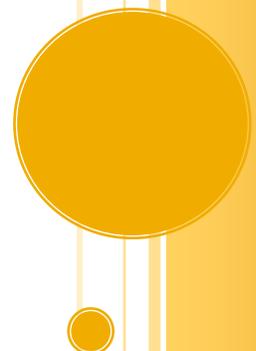




PROGRAM EVALUATION MANAGEMENT REPORT

July - December 2017

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Westminster, Maryland 21158
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Mission

To support people in their individual pursuit of a fulfilling life

Vision

We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community

Values

Innovation- our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services.

Integrity- we operate with integrity in all that we do—as a service provider, as an employer, and as members of our community.

Respect- we treat everyone with respect. Dignity, choice, ability, privacy and opinion are fundamental principles of who we are.

Quality- we embrace the highest standards in all that we do. Quality in service and character drives our actions and attitudes.

Caring- we act with a genuine spirit of caring. A sincere interest in and concern for the complete well-being of all people define our actions.



Achieve with us.

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Message from the Executive Director

**“Dream as if you’ll live forever. Live as if you’ll die today.”
~James Dean**

I was attracted to this quote by the famous actor who died young. What I’ve heard about him is he lived his life to the fullest, even though it was shortened by a tragic accident. The way that services are being funded and provided for individuals with intellectual and developmental disabilities is rapidly changing. The emphasis is on assuring that people have full access to their community to pursue a meaningful job, hobby, living situation or relationship and that people providing services don’t equate going into the community as some kind of vacation or place to only visit. Some people have this image of a group of people with disabilities putting on their coats and grabbing their backpacks for their trip into the community. Experiencing our community through the windows of a van or window shopping with a group is not quality. Quality exists when someone is fully engaged in their life. Quality exists when someone takes risks to pursue a dream. Quality exists when someone learns from a mistake or failure. Quality exists when people can choose what is important to them, not what is important for them----there is a difference. If you are the parent of a teenager you know what I mean. I believe the challenge ahead of us is to ensure that people are living lives filled with meaning, enjoyment and purpose.

The Arc is embarking on a leadership challenge that we hope transforms our organization. Simply, we are fully engaged in embracing true person centered thinking and planning as one of our guiding principles. Some might think, why haven’t you been doing this before? Great question. We have several instances that evidence our person centered thinking but we have noticed some gaps that present an opportunity for improvement. We are firm believers in continuous quality enhancement and when something emerges that needs attention, we view this as an opportunity to improve. This leads me to share Greg’s story.

Greg was born with metachromatic leukodystrophy - MLD for short - which is a rare condition and without a cure. MLD is a neurodegenerative disease that leads to progressive muscle failure and loss of mental faculties. People Greg's age with MLD lose their coordination and eventually lose the ability to walk. They develop dementia and they go blind. There is no cure, and existing treatments are extremely risky. When Greg was referred to The Arc for services, our initial reaction was hmmm, might be a bit too much for us to

handle and we really didn't have a model to fit Greg's needs. Once we met him, our thinking began to change. He shared what was important to him. Thankfully, we saw a wonderful opportunity to begin down a new path of providing services without thinking about barriers. Greg was helping us transform our thinking from a compliance and regulated model to one that was fully person centered and quality driven. The Arc helps Greg to develop his schedule and work out the logistics for how he will get to places. Greg is not visiting the community, he is fully engaged in it. He is living every day to the fullest. Greg is also forging a wonderful legacy at The Arc: He is a shining example of what quality, person centered thinking and planning is all about.

Data Analysis Procedures

Data is collected from the program areas on a regular basis. This data is compiled and analyzed upon receipt by the Assistant Director of Quality Assurance. Any negative trends discovered are brought to the attention of the appropriate program management staff. In addition to this regular analysis, the data is also analyzed formally for every six months to ensure reliability and validity and presented at monthly staff meetings. All incident and behavior support plan related data are also reviewed by the Quality Management Committee, which meets quarterly.



Employment Services

of People Receiving Support

As of June 31, 2017:

- 130 DDA Funded
- 10 Department Of Rehabilitative Services Funded (DORS)
- 30 DORS Funded (Summer Job)
- 1 Unfunded
- 1 Private Pay

As of December 31, 2017:

- 133 DDA Funded
- 16 Department of Rehabilitative Services Funded (DORS)
- 28 DORS Funded (Summer Job)
- 0 Unfunded
- 1 Private Pay

Changes: 3 people joined (DDA Funded)

Measures Analysis

EDUCATIONAL PARTNERSHIP PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Number of experiences students receive regarding community resources i.e. DORS, DDA, SC, BERK etc.	20 for school year	See Next Page	30		
2. Percentage of graduating students selecting The Arc for adult services	33%	42% 6 of 14	60% 3 of 5	X	
3. Percentage of students exposed to Arc services through Transition Planning	75%	100 %	100%		
4. Maximize student satisfaction	90%	See Next Page of	96.5% of		
5. Maximize teacher satisfaction	90%	See Next Page of	66.7% of		
6. Number of students receiving DORS or SYE summer funding.	15	45	51	X	
7. Number of referrals that obtained a paid job in DORS & SYE.	10	13		X	
8. Number of Pre-ETS that used 80% or more of their authorized hours.	80%	80%		X	

Action Plan:

Measure 1: The results of this measure will be in the next PEMR since students are in the midst of the school year. Once the school year is completed, the data will be calculated and results will be added into the PEMR.

Measures 4 & 5: Satisfaction goals are reported on a yearly basis; therefore, these measures will be reported in the next PEMR.

Measure removed:

Measure 7: Length of time to start of supports for graduating/transitioning youth after receiving award letter. This was removed because The Arc does not determine the length of time to start supports.

Measures added:

#7: Number of referrals that obtained a paid job in DORS & SYE. Since this is a new measure, our target is set at 10. Once we have a years worth of data, we will reassess the target number.

#8: Number of Pre-ETS that used 80% or more of their authorized hours. Since this is a new measure, our target is set at 80%. Once we have a years worth of data, we will reassess the target percentage.

Items added into a measure:

#1: Examples of community resources were provided so the reader understands the type of resources students get to experience.

#4: How many satisfaction surveys were returned out of how many were sent.

#5: How many satisfaction surveys were returned out of how many were sent.

Updated Target:

#6: Number of students receiving DORS or SYE summer funding target was reassessed and has been changed from 15 to 30.

DAY PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	61.2% 71 of 116	72.7% 104 of 143		X
2. Overall adaptive behavior in relation to behavior plans.	75%	60.2%	69.6%		X
3. Number of incidents of physical aggression towards others per person.	<14	14	22	X	
4. Utilization of a variety of new activities (facility based) to promote life-skills, self advocacy and prevocational skills.	2 per month	2	2.5	X	
5. Number of hours CLS groups participates in the community.	1,800	1,849		X	
6. Maximize satisfaction of people receiving support	90%	See Next Page of	98.8% of		
7. Maximize family satisfaction	90%	See Next Page of	93.5% of		
8. Maximize staff satisfaction	90%	See Next Page of	81% of		
9. Numbers of tours for Employment Services	10	19	6	X	

Action Plan:

Measure 1: The Program Facilitator will track PEC data on a quarterly basis and let the director know when goals are not being met. The appropriate coordinator will also be informed. The coordinator will ask for a team meeting and the team will amend the goal within 10 days of discovery or 10 days after the quarterly PEC assessment. Additionally, we implemented tracking goals in our database so it's more efficient for the coordinators to know when goals aren't being met.

Measures 6-8: Satisfaction goals are reported on a yearly basis; therefore, these measures will be reported in the next PEMR.

Measures Removed:

#4: Implementation of new integrated activities, each month, including volunteer activities.

#9: Length of time to start of supports after receipt of intent letter. The Arc does not determine the start of supports; therefore, this has been removed.

Measures added:

#5: Number of hours CLS groups participates in the community. Since this is a new measure, our target is set at 1,800 hours. Once we have a years worth of data, we will reassess the target number.

Items added into a measure:

#6: How many satisfaction surveys were returned out of how many were sent.

#7: How many satisfaction surveys were returned out of how many were sent.

#8: How many satisfaction surveys were returned out of how many were sent.

VOCATIONAL PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	79% 33 of 42	49% 25 of 51		X
2. Number of new enclave/volunteer sites.	2 every 6 months	0	4		X
3. Number of individuals volunteering & working at enclaves.	85	86		X	
4. Number of hours worked at volunteer sites.	3500	3,347.75	3,293.25		X
5. Number of hours worked at enclave sites.	4500	4,095.50	5,818.50		X
6. Average number of hours worked per month at volunteer sites.	550	557.96		X	
7. Average number of hours worked per month at enclave sites.	650	682.58		X	
8. Volunteer site retention	75%	100 %	90%	X	
9. Enclave retention	75%	100%	91%	X	

10. Maximize satisfaction of people receiving support	90%	% of	98.8% of		
11. Maximize family satisfaction	90%	% of	93.5% of		
12. Maximize staff satisfaction	90%	% of	81% of		
13. Number of new enclave and volunteer placements	2 every 6 months	2	4	X	

Circumstances influencing results:

Measure 2: This goal was not met due to having a staff vacancy. This vacancy has been filled. A new volunteer site is about to start.

Measure 5: There was a drastic decrease in the number of hours individuals worked at enclaves. One enclave downsized so hours were cut and our Fuchs enclave is seasonal.

Action Plan:

Measure 1: The Program Facilitator will track PEC data on a quarterly basis and let the director know when goals are not being met. The appropriate coordinator will also be informed. The coordinator will ask for a team meeting and the team will amend the goal within 10 days of discovery or 10 days after the quarterly PEC assessment. Additionally, we implemented tracking goals in our database so it's more efficient for the coordinators to know when goals aren't being met.

Measures 10-12: Satisfaction goals are reported on a yearly basis; therefore, these measures will be reported in the next PEMR.

Measures added:

#3: Number of individuals volunteering & working at enclaves. Since this is a new measure, our target is set at 85 individuals. Once we have a year worth of

data, we will reassess the target number.

#6: Average number of hours worked per month at volunteer sites. Since this is a new measure, our target is set at 550 hours. Once we have a years worth of data, we will reassess the target number.

#7: Average number of hours worked per month at enclave sites. Since this is a new measure, our target is set at 650 hours. Once we have a years worth of data, we will reassess the target number.

Items added into a measure:

#10: How many satisfaction surveys were returned out of how many were sent.

#11: How many satisfaction surveys were returned out of how many were sent.

#12: How many satisfaction surveys were returned out of how many were sent.

Items removed from a measure:

#8: “longer than 6 months” was removed.

#9: “longer than 6 months” was removed.

COMMUNITY EMPLOYMENT PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	94% 58 of 62	86.8% 46 of 53	X	
2. Number of hours worked at community job sites	12,500	14,579	15,820.25	X	
3. Paid job retention for at least six months	75%	92% 46 of 50	83.3% 5 of 6	X	
4. Maximize satisfaction of people receiving support	90%	See Next Page of	98.8% of		
5. Maximize family satisfaction	90%	See Next Page of	93.5% of		
6. Maximize staff satisfaction	90%	See Next Page of	81% of		
7. Number of people who got a paid job	4	6	5	X	
8. Number of individuals that work 1-10 hours per week.	10	11		X	
9. Number of individuals that work 11-19 hours per week.	15	19		X	

10. Number of individuals that work 20+ hours per week.	15	16		X	
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Action Plan:

Measure 1: The Program Facilitator will track PEC data on a quarterly basis and let the director know when goals are not being met. The appropriate coordinator will also be informed. The coordinator will ask for a team meeting and the team will amend the goal within 10 days of discovery or 10 days after the quarterly PEC assessment. Additionally, we implemented tracking goals in our database so it's more efficient for the coordinators to know when goals aren't being met.

Measure 3: In the previous PEMR's, # 3 only measured the individuals that obtained a job within that year; Now, The Arc is revamping this measure to reflect all of our individuals that have paid jobs. This measure now tells you how many individuals we've had employed over the past 6 months and out of those individuals, how many lost their job.

Measures 4-6: Satisfaction goals are reported on a yearly basis; therefore, these measures will be reported in the next PEMR.

Measures added:

#8 - Number of individuals that work 1-10 hours per week. Since this is a new measure, our target is set at 10 individuals. Once we have a years worth of data, we will reassess the target number.

#9 - Number of individuals that work 11-19 hours per week. Since this is a new measure, our target is set at 15 individuals. Once we have a years worth of data, we will reassess the target number.

#10 - Number of individuals that work 20 + hours per week. Since this is a new measure, our target is set at 15 individuals. Once we have a years worth of data, we will reassess the target number.

Items added into a measure:

#4 - How many satisfaction surveys were returned out of how many were sent.

#5 - How many satisfaction surveys were returned out of how many were sent.

#6 - How many satisfaction surveys were returned out of how many were sent.

SUPPORTED ENTERPRISE PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Business owners operate at a profit	100%	100%	100%	X	
2. Business owners perform more than half of their business functions	100%	100%	100%	X	
3. Maximize satisfaction of business owners	90%	See Below	100%		

Action Plan:

Continue tracking for current measures.

Measure 3: Satisfaction goals are reported on a yearly basis; therefore, this measure will be reported in the next PEMR.

Community Living Services

of People Receiving Support

As of June 30, 2017:

- 26 Residential
- 75 Support Services

As of December 31, 2017:

- 26 Residential
- 73 Support Services

Changes:

4 people left support services
2 people joined support services
0 people left residential services

Measures Analysis

FAMILY AND INDIVIDUAL SUPPORT SERVICES

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	79% 79 of 100	73% 115 of 157		X
2. Overall adaptive behavior in relation to behavior plans	90%	92%	98%	X	
3. Percentage of people that receive 90% or more of their funded hours (personal supports)	100%	55%	50.7%		X
4. Percentage of people that receive 90% or more of their funded hours (FSS/ISS)	100%	73%	66.7%		X
5. Percentage of FISS funded hours that were actually used.	100%	91.5%			X
6. Percentage of Personal Support funded hours that were actually used.	100%	91.7%			X
7. Number of people that exceeded their funded hours.	0	18			X
8. Maximize satisfaction of people receiving support	95%	% of	95.8% of		

9. Maximize family satisfaction	90%	% of	92% of		
10. Maximize staff satisfaction	90%	% of	94% of		
11. Number of new people receiving supports	3	2	3		X
12. Number of inquires for Community Living services.	N/A	12	11		

Circumstances influencing results:

Measure 3 & 4: Low staffing has been influencing hours being used.

Action Plan:

Measure 1: The Support Services Program Assistant will track PEC data on a quarterly basis and let the appropriate coordinator know if goals aren't being met. The coordinator will ask for a team meeting and the team will amend the goal within 10 days of discovery or 10 days after the quarterly PEC assessment. Additionally, we implemented tracking goals in our database so it's more efficient for the coordinators to know when goals aren't being met.

Measure 3 & 4: The coordinator will continue to create and rigorously follow a schedule that will meet the needs of the family and the individuals being served so that they can use their hours more effectively. If this is not possible in some situations, the hours will need to be reduced to ensure compliance.

Measures 8-10: Satisfaction goals are reported on a yearly basis; therefore, these measures will be reported in the next PEMR.

Measures added:

#5: Percentage of FISS funded hours that were actually used.

#6: Percentage of Personal Support funded hours that were actually used.

#7: Number of people that exceeded their funded hours.

Items added into a measure:

#8: How many satisfaction surveys were returned out of how many were sent.

#9: How many satisfaction surveys were returned out of how many were sent.

#10: How many satisfaction surveys were returned out of how many were sent.

Measure removed:

#10: Length of time to start supports. The Arc does not determine the start of supports; therefore, this has been removed.

RESIDENTIAL SERVICES

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	82% 23 of 28	100% 20 of 20		X
2. Participation of residents in the community.	8 per month	An average of 8.4 trips per month per person	An average of 7.5 trips per month per person	X	
3. Overall adaptive behavior measured by behavior plans.	75%	62.3%	68%		X
4. Maximize satisfaction of people receiving support.	95%	See Below of	96.2% of		
5. Maximize family satisfaction.	95%	See Below of	92% of		
6. Maximize staff satisfaction.	90%	See Below of	84.8% of		

Action Plan:

Continue tracking for current measures.

Measures 4-6: Satisfaction goals are reported on a yearly basis; therefore, these measures will be reported in the next PEMR.

Measure removed:

#7: Length of time to start supports. The Arc does not determine the start of supports; therefore, this has been removed.

Items added into a measure:

#4 - How many satisfaction surveys were returned out of how many were sent.

#5 - How many satisfaction surveys were returned out of how many were sent.

#6 - How many satisfaction surveys were returned out of how many were sent.

HEALTH SERVICES

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Individual plan meetings attended	90%	88% 7 of 8	90% 9 of 10		X
2. People with advanced directives on file	45%	31% 8 of 26 people have directives	27% 7 of 26 people have directives		X
3. Timeliness of follow-up appointments	85%	98%	96%	X	

Circumstances influencing results:

Measure 2: Several individuals have family that's not involved or no family at all. The Arc is determining who would be the best fit for each individual in making such important decisions.

Action Plan:

Measure 2: The department is continuing to look into the legislation around advanced directives for individuals with an intellectual disability to determine who may sign and be responsible for ensuring each person's wishes are carried out. DDA and OHCQ have not decided on a standard for DD services.

Transportation

Measures Analysis

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. School buses passing mandatory inspections	70%	85%	85%	X	
2. Preventative maintenance appointments completed on time	70%	95%	97%	X	
3. Maximize staff satisfaction	90%	See Below	83%		

Action Plan:

Continue with current measures.

Measure 3: Satisfaction goals are reported on a yearly basis; therefore, this measure will be reported in the next PEMR.

Global Measures

Measures Analysis

SERVICE ACCESS

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of fully trained staff	75%	84.5%	85.2%	X	
2. Percentage of staff with all required DDA training.	90%	92.5%	97.1%	X	
3. Overall staff satisfaction	90%	See Below	87.3%		
4. Number of active behavior plans	20	19	20	X	
5. Number of preventable slips, trips, or falls	10	15	33		X
6. Number of other safety related incidents	10	24	30		X

Circumstances influencing results:

Measure 3: Satisfaction goals are reported on a yearly basis; therefore, this measure will be reported in the next PEMR.

Measure 4: An active behavior plan is defined as a plan which requires data collection from staff. Preventative measure guidelines are not included in this number.

Measure 5: Preventable slips, trips, and falls include all falls that are not unavoidably medically related. For example, an individual who passes out

because they were in the hot sun and staff did not provide water would be preventable. However, an individual who has a seizure and falls (not tripped by something known) and who does not have 1:1 would not be considered preventable. The Arc trains its staff on slips, trips, and falls and believes that almost all are preventable with proper care and attention.

Measure 6: Safety related incidents include all incidents that have, or that could have, put an individual's safety in jeopardy. This includes medication errors, car accidents, chemical spills, fire, abuse/neglect, choking, etc.

Action Plan:

Continue tracking current measures

SAFETY SUMMARY

In October 2016, The Arc completed renovations making the bathrooms more accessible, the curbs removed outside, and the hallways widened. In the past 6 months, preventable slips, trips and falls have decreased. Ways that The Arc was able to decrease falls were as simple as putting a mat underneath our water dispensers and using chairs that do not have wheels. Examples of preventable slips, trips and falls that occurred were tripping over untied shoes, tripping over a rug and bumping into one another. There also was a decrease in safety related incidents over the past 6 months. Examples of safety related incidents that occurred were eating hand sanitizer, eating paint, medication errors, choking, etc. The Arc will continue to try to improve in training and staffing to prevent these types of incidents in the future.