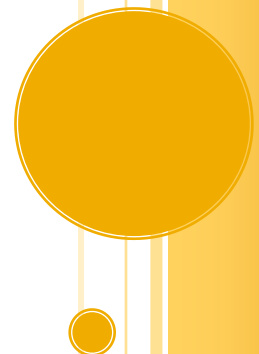




PROGRAM EVALUATION MANAGEMENT REPORT

July - December 2018

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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.

Table of Contents

Message from the Executive Director	3
Data Analysis Procedures	5
Employment Services	6
# of People Receiving Support	6
Measures Analysis	7
Educational Partnership	7
Day Program	8
Vocational Program	10
Community Employment	12
Supported Enterprise	14
Community Living Services	15
# of People Receiving Support	15
Measures Analysis	16
Family & Individual Support Services	16
Residential	18
Health Services	19
Transportation	20
Measures Analysis	20
Global Measures	21
Measures Analysis	21
Service Access	21
Global Measures	21
Safety Summary	22

Message from the Executive Director

**“The future ain’t what it used to be”
~ Yogi Berra**

I enjoy a good Yogi Berra quote. The irreverent former Yankee catcher and Hall of Famer had a way with words. His quotes make you stop, think, and ultimately chuckle. I was attracted to this one because we are spending a lot of time talking about what the future of our industry is going to look like. Occasionally some optimism creeps through the pessimistic talk but most people are trying to figure out how this is all going to work moving forward.

It is easy to get caught up in all the changes that have become a part of our industry. Sometimes when I talk with people, I can hear the frustration in their voices as they share the many challenges they face: from workforce shortages to ever-changing program requirements and to trying to communicate how the changes will impact the people we support and their families. Occasionally, I feel overwhelmed when I think about where we are now and where we want to ultimately go as an organization. When these instances occur, I’ve found the best cure is to get up from my desk and talk to the people we support. My visits always restore my faith that the path we are on is the right one. I hear about people’s successes finding a new job, the drama in their relationships, the joy in learning something new, their frustrations with something that isn’t going well in their lives. While all their conversation isn’t about how great their life is going, I’m thankful that people are sharing aspects of their lives. As people share their thoughts with me, I get an insight into what is going well and where support might be helpful.

Years ago, the conversations and relationships around our organizations were much different and almost entirely focused on what is important for someone. Equally vital is what is important to someone. Both are critical when we are planning and reinforce our commitment as a person-centered organization. It is easy to look around The Arc and see all the things that we want to improve or that we need to do. I feel it’s important to also look around The Arc and see the impact that we are having in people’s lives. It is the conversations with others and resulting actions that help us grow and will ultimately sustain our mission and vision.

Our past 6 months have been productive. We celebrated the move of a person who had lived in an ALU for close to 30 years into her own apartment with minimal supports; finalized an updated strategic plan; designed and

implemented a campaign to increase funding for direct support training, development and compensation and maintained high levels of satisfaction from stakeholders with our services. While the future of our industry is filled with uncertainty, we remain committed to our mission: to help people lead fulfilling lives of their choosing.

Don Rowe
Executive Director
January 15, 2019

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 30, 2018:

- 139 DDA Funded
- 0 Unfunded
- 1 Private Pay
- 18 Vocational Rehabilitation (DORS)
- 15 Pre-ETS (DORS)
- 3 Way 2 Work (DORS)
- 12 WBLE (DORS)
- 34 DORS Funded (Summer Job)

As of December 31, 2018:

- 142 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 21 Vocational Rehabilitation (DORS)
- 10 Pre-ETS (DORS)
- 8 Way 2 Work (DORS)
- 5 WBLE
- 32 DORS Funded (Summer Job)

Changes: 5 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	20 For '18- '19 school year	20 For '17- '18 school year	X	
2. Percentage of graduating students selecting The Arc for adult services	33%	40% 6 of 15	44% 7 of 16	X	
3. Percentage of students exposed to Arc services through Transition Planning	75%	100 %	100%	X	
4. Maximize student satisfaction	90%	See Next Page of	97.3% 25 of 25		
5. Maximize teacher satisfaction	90%	See Next Page of	84.4% 6 of 11		
6. Number of students receiving DORS or SYE summer funding.	30	53	61	X	
7. Number of referrals that obtained a paid job in DORS & SYE.	10	11	5	X	
8. Number of Pre-ETS that used 80% or more of their authorized hours.	80%	100%	100%	X	
9. Number of Pre-ETS classes that occurred	N/A	2 out of 2	3 out of 3		

Action Plan:

Measures 4 & 5: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

Measure 9: Number of Pre-ETS classes that occurred. Since this is a new measure, no target has been set. Once we have a years' worth of data, we will implement a target.

Continue tracking for current measures.

DAY PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	82% 126 of 154	68% 119 of 174		X
2. Overall adaptive behavior in relation to behavior plans.	75%	48%	50%		X
3. Number of incidents of physical aggression towards others per person.	<14	15	19		X
4. Utilization of a variety of new activities (facility based) to promote life-skills, self-advocacy and prevocational skills.	2 per month	1.6	2.5		X
5. Number of hours CLS groups participates in the community.	1,800	988.75	1,299		X
6. Maximize satisfaction of people receiving support	90%	See Next Page of	98.4% 45 to 134		

7. Maximize family satisfaction	90%	See Below of	98% 31 of 134		
8. Maximize staff satisfaction	90%	See Below of	90% 25 of 64		
9. Numbers of tours for Employment Services	10	13	8	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.

Measure 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.

Measures 6-8: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

VOCATIONAL PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	80% 48 of 60	69% 61 of 89		X
2. Number of new enclave/volunteer sites.	2 every 6 months	0	1		X
3. Number of individuals volunteering & working at enclaves.	85	93	72	X	
4. Number of hours worked at volunteer sites.	3500	3,204.50	3,944.25		X
5. Number of hours worked at enclave sites.	4500	4,147.00	4,051.75		X
6. Average number of hours worked per month at volunteer sites.	550	534.18	657.37		X
7. Average number of hours worked per month at enclave sites.	650	691.17	675.29	X	
8. Volunteer site retention	75%	100%	100%	X	
9. Enclave retention	75%	100%	100%	X	
10. Maximize satisfaction of people receiving support	90%	See Below of	98.4% 45 of 134		

11. Maximize family satisfaction	90%	See Below of	98% 31 of 134		
12. Maximize staff satisfaction	90%	See Below of	90% 25 of 64		
13. Number of new enclave and volunteer placements	2 every 6 months	0	2		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 10-12: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

COMMUNITY EMPLOYMENT PROGRAM

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	94% 72 of 77	86% 78 of 91	X	
2. Number of hours worked at community job sites	12,500	15,730.00	14,421.50	X	
3. Paid job retention for at least six months	75%	96% 44 of 46	91% 42 of 46	X	
4. Maximize satisfaction of people receiving support	90%	See Next Page of	98.4% 35 of 134		
5. Maximize family satisfaction	90%	See Next Page of	98% 31 of 134		
6. Maximize staff satisfaction	90%	See Next Page of	90% 25 of 64		
7. Number of people who got a paid job	4	2	2		X
8. Number of individuals that work 1-10 hours per week.	10	17	20	X	
9. Number of individuals that work 11-19 hours per week.	15	10	19		X

10. Number of individuals that work 20+ hours per week.	15	15	12	X	
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Circumstances influencing results:

Measure 8-10: The total number of all three measures included individuals in Supported Enterprise and several enclaves. Data for individuals that are self-employed is reflected under Supported Enterprise and data for enclaves is reflected under Vocational Program. These measures have been updated to reflect only individuals in Community Employment.

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 had revamped 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 measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

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	97.2%		

Action Plan:

Measure 3: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

Continue tracking for current measures.

Community Living Services

of People Receiving Support

As of June 30, 2018:

- 25 Residential
- 74 Support Services

As of December 31, 2018:

- 24 Residential
- 79 Support Services

Changes:

- 3 people left support services
- 8 people joined support services
- 1 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%	86% 101 of 118	73% 116 of 158		X
2. Overall adaptive behavior in relation to behavior plans	90%	92%	97%	X	
3. Percentage of people that receive 90% or more of their funded hours (personal supports)	100%	27%	38%		X
4. Percentage of people that receive 90% or more of their funded hours (FSS/ISS)	100%	44%	64%		X
5. Percentage of FISS funded hours that were actually used.	100%	76%	87%		X
6. Percentage of Personal Support funded hours that were actually used.	100%	86%	89.5%		X
7. Number of people that exceeded their funded hours.	0	See next page	9		
8. Maximize satisfaction of people receiving support	95%	See next page of	99.6% 31 of 78		

9. Maximize family satisfaction	90%	See below of	91.8% 18 of 76		
10. Maximize staff satisfaction	90%	See below of	97.2% 36 of 102		
11. Number of new people receiving supports	3	5	2	X	
12. Number of inquiries for Community Living services.	N/A	9	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.

Measure 7: Only being measured on a yearly basis since exceeding hours can only be determined at the end of the fiscal year.

Measures 8-10: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

RESIDENTIAL SERVICES

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of individual plan goals obtained.	90%	94% 45 of 48	82% 23 of 28	X	
2. Participation of residents in the community.	8 per month	An average of 8.5 trips per month per person	An average of 8.4 trips per month per person	X	
3. Overall adaptive behavior measured by behavior plans.	75%	56%	29%		X
4. Maximize satisfaction of people receiving support.	95%	See Below of	96.4% 11 of 26		
5. Maximize family satisfaction.	95%	See Below of	97.2% 36 of 102		
6. Maximize staff satisfaction.	90%	See Below of	80.2% 14 of 68		

Action Plan:

Measures 4-6: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

Continue tracking for current measures.

HEALTH SERVICES

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Individual plan meetings attended	90%	86% 6 of 7	100% 15 of 15		X
2. People with advanced directives on file	45%	42% 10 of 24 people have directives	36% 9 of 25 people have directives		X
3. Timeliness of follow-up appointments	85%	94%	93%	X	

Circumstances influencing results:

Measure 2: The number of total individuals in Residential Services has decreased. One individual moved into Support Services. 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%	80%	85%	X	
2. Preventative maintenance appointments completed on time	70%	95%	95%	X	
3. Maximize staff satisfaction	90%	See Below	100%		

Action Plan:

Measure 3: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

Continue with current measures.

Global Measures

Measures Analysis

SERVICE ACCESS

Measure	Target	Results	Prior Term	Achieved	Not Achieved
1. Percentage of fully trained staff	75%	78.6%	95%	X	
2. Percentage of staff with all required DDA training.	90%	63.8%	82%		X
3. Overall staff satisfaction	90%	See Below	90%		
4. Number of active behavior plans	20	17	19	X	
5. Number of preventable slips, trips, or falls	10	6	9	X	
6. Number of other safety related incidents	10	11	17		X

Circumstances influencing results:

Measure 1 & 2: There was a formula error in our database which has since been corrected.

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:

Measure 3: Satisfaction measures are reported on a yearly basis; therefore, you'll find the results in the next PEMR.

Continue tracking current measures

SAFETY SUMMARY

In the past 6 months, preventable slips, trips and falls have decreased. One of the ways that The Arc was able to decrease falls were by providing training as often as possible. For example, at The Arc's In-Service Day, we had a Physical Therapist discuss falls and show staff how to assist an individual in getting to the ground and/or getting up from the ground safely. Examples of preventable slips, trips and falls that occurred were tripping over untied shoes, tripping over objects 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 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.