



## Program Evaluation Management Report

THE ARC CARROLL COUNTY  
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## ***Program Evaluation Management Report***

**January 1, 2021 - June 30, 2021**

### **Our Vision**

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

### **Our 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.

### **Our Mission**

To support people in their individual pursuit of a fulfilling life.



# ACHIEVE WITH US.

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## Message from the Executive Director

**“When everything seems to be going against you, remember that the airplane takes off against the wind, not with it.”**

**~ Henry Ford**

I was attracted to this quote as it conveys how we have faced adversity yet managed to make meaningful progress that is strengthening our organization.

During the past 6 months it feels like we have constantly faced strong winds. As we began our re-opening efforts, several staff members elected not to return, which decreased our ability to provide services. We worried about developing a budget based upon emergency service flexibilities whose end date was unknown. Many individuals and families reached out to share their concern about opening too soon, not opening soon enough, how many staff have been vaccinated and how to manage those that chose not to get vaccinated. At times it seemed like an endless series of situations that were difficult to resolve.

Despite these challenges, many staff members kept their focus on providing the highest quality services possible. As a result, we noticed some positive changes.

- Our DSP certification program, RISE, launched with 24 staff members. Over half of the participants have achieved at least a DSP1 designation. Five staff members have already obtained their DSP3 certification, which is the highest level.
- We changed our day services model to focus more on community connections and activities. Individuals, family members and staff members reported a higher level of satisfaction with services.
- Our ability and preparedness to transition from PCIS to LTSS have enabled us to be considered by DDA as an Early Adopter organization. Being chosen will allow us to continue our momentum in providing more community-based services.
- We accepted 4 Transitioning Youth into services and served 20 students in the Summer Youth Employment program.
- We continue to be financially stable and were able to increase starting wages to our direct support professionals from \$12.50 to \$14.00 per hour.
- We were surveyed by CARF, and again earned a 3-year accreditation—the highest level—with the fewest recommendations ever.

I am excited by our progress and how people are embracing our new model of services. There have been and will continue to be challenges that we need to figure out. I’m grateful that we have the right people at the right time that are committed to strengthening our ability to provide quality services.

Don Rowe  
Executive Director  
August 2, 2021

## 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.



## Message from Quality Assurance

Due to the COVID-19 pandemic, on March 13, 2020, The Arc stopped providing most Personal Supports and Meaningful Day Services. This has caused skewed data for this analyzed period. Services that have continued through this pandemic include Employment Services, Supported Living Services, and Residential Services. Recently The Arc has begun to reopen services. This includes limited Personal Support Services and Meaningful Day Services. The Arc continues to comply with CDC and State guidelines.

All staff and individuals served in any service that is being provided during the COVID-19 pandemic have been and continue to be provided face masks, face shields, gloves, sanitizer, cleaning supplies, etc. in order to protect themselves. The following policies and procedures have been implemented in order to protect the health and safety of our staff and people served:

- Personal Protective Equipment Policy
- Social Distancing Policy
- Telecommuting Policy
- Daily Health Screening Protocol
- Guidance for Self-Quarantining and Return to Work
- Isolation Protocol
- On-site Health and Temperature Screening Protocol
- Self-Screen Protocol

The Arc's leadership team meets on a weekly basis to discuss updates in regard to the pandemic to determine how changes will impact The Arc and what needs to be done to protect the health and safety of staff and individuals served. Each program department meets on a monthly basis to discuss the impact the pandemic has on The Arc, families, and individuals served, and how to best protect the health and safety of staff and individuals served. The entire administration meets monthly to discuss the pandemic and Arc updates.

The Arc continues to monitor the CDC and state guidelines in order to meet the health and safety of staff, individuals served and families.

## Meaningful Day Services

### Number of People Receiving Supports

As of June 30, 2021:

- 132 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 13 Vocational Rehabilitation (DORS)
- 5 Pre-ETS (DORS)
- 4 WBLE
- 25 DORS Funded (Summer Job)

As of December 31, 2020:

- 131 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 26 Vocational Rehabilitation (DORS)
- 5 Pre-ETS (DORS)
- 0 Way 2 Work (DORS)
- 0 WBLE
- 0 DORS Funded (Summer Job)

Changes: 3 people joined (DDA Funded)

4 people left (DDA Funded)

### Goal #1 - FY 21

The Arc Carroll County's Educational Partnership/Transition Program will increase their effectiveness, efficiency, and service access of the program.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of experiences students receive regarding community resources i.e. DORS, DDA, SC, BERC, etc.	Trips and guest speakers giving exposure to possible jobs	All Educational Partnership Students	Monthly (not including Summer)	Completed Lesson Plans	Director of Employment and Education Initiatives	20 for school year	24 for '20-'21 school year	6 '20-'21 school year	Achieved	To give students a view of the operations of businesses and possible jobs available to them
Percentage of graduating students entering the Arc for adult services out of the total GTY count	Students entering the Arc as their provider agency	All eligible graduating students in Carroll County	Semi Annually	Application for Services	Director of Employment and Education Initiatives	33%	15% 3 of 19	28% 4 of 14	Not Achieved	To show effectiveness of program reflected in students choosing The Arc for adult supports
Percentage of referrals that obtained a paid job in VR.	Number of adults that got a job through DORS & SYE Funding	All VR Adults	Semi Annually	Progress Notes	Director of Employment and Education Initiatives	90%	92% 11 of 12		Achieved	To show effectiveness of the program
Percentage of students that got a job through SYE funding	Number of students that got a job through SYE	All Educational Partnership Students	Semi Annually	Progress Notes	Director of Employment and Education Initiatives	See Below	0% 0 of 4		See Below	To show effectiveness of the program
Number of Pre-ETS	Number of classes that	All Educational	Semi Annually	Progress Notes	Director of Employment	100%	100%	100%	Achieved	To show effectiveness of the



classes that occurred	successfully occurred	Partnership Students			and Education Initiatives		3 of 3	6 of 6		program.
Percentage of students exposed to Arc services through Transition Planning	Attendance by Arc staff at IEP meetings	All Educational Partnership Students	Monthly	IEP/Transition Meeting Minutes	Director of Employment and Education Initiatives	75%	73%	75%	Not Achieved	To track the Arc's ability to introduce itself and its services to students and families
Number of Pre-ETS that used 80% or more of their authorized hours	Number of Pre-ETS that used at least 80% of their funding by the end of the program	GTU students seeking services	Semi Annually	DDA Authorization	Director of Employment and Education Initiatives	80%	100%	100%	Achieved	To track the utilization of hours to ensure students had the opportunity to explore employment opportunities
Number of students receiving DORS or SYE summer funding.	Number of students granted summer funding	All Educational Partnership Students	Semi Annually	DORS authorizations	Director of Employment and Education Initiatives / A. Dir. of QA	30 Students	25 Students	8 Students	Not Achieved	To measure access to revenue sources other than DDA, and to measure the access of students to become familiar with the Arc Carroll County.

**Strategies:**

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

Funder requirements will be maintained. The Arc will continue to maintain a relationship with The Division of Rehabilitation Services (DORS) and Carroll County Public Schools.

The Educational Partnership team will continue to practice person centered goals for vocational and educational success, focusing on education, job placement, vocational goals and objectives, lesson planning and curriculum implementation.

**Circumstances influencing results:**

All Measures: Due to the COVID-19 pandemic, schools had to transition to a virtual model. Services provided through Carroll County Public Schools continued virtually and eventually used a hybrid method of teaching. In-person services offered through DORS were cancelled. This includes work-based learning experiences (WBLE) during the school year and through the summer of 2020. Due to this, data is skewed.

Regarding students receiving services, DORS allowed for Pre-ETS classes to be offered virtually. DORS cancelled the 2020 Summer Youth program. Way 2 Work through DORS was a grant funded program which ended in May of 2020. Job development and job coaching for adults continued throughout 2020.

“Percentage of students that got a job through SYE funding” is a new measure, originally built into “Percentage of referrals that obtained a paid job in VR.”. Since SYE and VR are two separate services, we decided to break the measures out. Once a year worth of data has been collected, we will determine a target number.

“Percentage of graduating students entering the Arc for adult services out of the total GTY count” is skewed due to the COVID-19 pandemic. Students choose The Arc Carroll County but we have had to turn down referrals due to staffing.

**Action Plan:**

The Arc’s Educational Partnership staff have been cleared through the Carroll County Public Schools to provide virtual and hybrid services to students 3 days a week.

Adults funded through DORS can decide between in-person or virtual job development services.

Educational Instructors offered virtual pre-ETS classes to students referred by DORS.

The Arc continues to monitor the CDC and state guidelines to meet the health and safety of staff, individuals served and families.

Continue tracking current measures.

**Goal #2 - FY 21**

The Arc Carroll County’s Meaningful Day Services will increase its effectiveness, efficiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Meaningful Day Services	Number of goals successfully completed	All persons served	Annually	PCPs and supporting data	Program Coordinator	90%	33% 28 of 84	46% 101 of 221	Not Achieved	To track the number of people meeting the goals outlined in their IP
Number of individuals in Day Habilitation Services	Total number of people in Day Habilitation Services	People in Day Habilitation Services	Semi Annually	Database	Director of Finance	< 98	95	95	Achieved	To track the number of people receiving Day Habilitation Services. We’d like to see this measure decrease over time.
Number of integrated activities and individuals participated in	Total number of volunteer & community-based activities people took part in that receive Day Habilitation	People in Day Habilitation Services	Semi Annually	Activity Detail Analysis	Director of Finance	20	8	3	Not Achieved	To track the number of volunteer and community-based activities that people participate in under Day Habilitation Services to show an increase in community integration.
Number of individuals in Community	Total number of people in CDS	People in CDS	Semi Annually	Database	Director of Finance	>15	22	18	Achieved	To track the number of people receiving CDS. This will show an

Development Services (CDS)										increase in community integration.
Number of hours spent volunteering	Total number of hours people volunteered in the community	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	See Below	129.25		See Below	To track the number of hours spent in the community volunteering in Day Habilitation and CDS. This will show an increase in community integration.
Number of hours spent in the community	Total number of hours people spent in the community	People in Day Habilitation	Semi Annually	Database	Director of Finance	See Below	10,429		See Below	To track the number of hours spent in the community for people receiving Day Habilitation. This will show an increase in community integration.
Number of CDS hours used	Total number of hours people spent in CDS	People in CDS	Semi Annual	Database	Director of Finance	1800	287.85	173.25	Not Achieved	To track the number of hours people have spent utilizing CDS. This will show an increase in community integration.
Number of individuals in Career Exploration	Total number of people in Career Exploration Services	People in Career Exploration	Semi Annually	Database	Director of Finance	N/A	Tracking to begin when new fee for service structure is implemented	N/A	N/A	To track the number of people receiving Career Exploration Services. This will show how many people are working toward obtaining

										community employment.
Number of individuals in Discovery Services	Total number of people in Discovery Services	People in Discovery Services	Semi Annually	Database	Director of Finance	N/A	Tracking to begin when new fee for service structure is implemented	N/A	N/A	To track the number of people receiving Discovery Services. This will show how many people are working toward obtaining community employment.
Number of individuals in Job Development Services	Total number of people in Job Development Services	People in Job Development	Semi Annually	Database	Director of Finance	N/A	Tracking to begin when new fee for service structure is implemented	N/A	N/A	To track the number of people receiving Job Development Services. This will show how many people are working toward obtaining community employment.
Number of individuals in Community Integrated Employment	Total number of people in Community Integrated Employment Services	People in Community Integrated Employment	Semi Annually	Database	Director of Finance	>33	39	35	Achieved	To track the number of people receiving Supported Employment.
Number of individuals receiving Ongoing Job Support	Total number of people in Ongoing Job Support Services	People in Ongoing Job Support	Semi Annually	Database	Director of Finance	N/A	Tracking to begin when new fee for service structure is implemented	N/A	N/A	To track the number of people receiving Ongoing Job Support. We'd like to see this number increase over time.

Number of individuals receiving Follow Along Support	Total number of people in Follow Along Support Services	People in Follow Along Support	Semi Annually	Database	Director of Finance	N/A	Tracking to begin when new fee for service structure is implemented	N/A	N/A	To track the number of people receiving Follow Along Support. We'd like to see this number increase over time.
Number of hours that decreased in Day Habilitation Services	Total number of hours that have decreased under Day Habilitation Services	People decreasing Day Habilitation Services	Monthly	Database	Director of Finance	N/A	Tracking to begin when new fee for service structure is implemented	N/A	N/A	To track the number of hours decreasing in Day Habilitation Services. People may not fully be out of Day Habilitation Services, so we'd like to see how many hours decrease over time.
Number of Community Integrated Employment Sites	Total number of Community Integrated Employment Sites	People in Community Integrated Employment	Semi Annually	Employment Tracking System	Community Employment Coordinator	35	31	33	Not Achieved	To track the number community integrated employment sites to show an increase in employment opportunities and connections.
Percentage of staff under Job Development, Job Discovery, and Self Employment that are ACRE trained.	Number of staff under Job Development, Job Discovery and Self Employment that are	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Training Manager	50%	82% 9 of 11	70% 14 of 20	Achieved	To track the number of staff that are in compliance with this training requirement.

	ACRE trained									
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**Strategies:**

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

Vision 2023 will be used to guide implementation of each measure.

The leadership team will continue to meet on a regular basis to guide the process.

The Employment Services team, including DSP’s, Coordinators and the Director will meet on a monthly basis to discuss progress made, what still needs to be completed, continuing to emphasise the person-centered philosophy, and work collaboratively on community integration.

The Director of Employment Services will participate in state-wide, as well as regional forums on topics related to employment and will foster participation and training for Direct Support Professionals.

**Circumstances influencing results:**

All Measures: Due to the COVID-19 pandemic has skewed data as services are limited.

“Number of hours spent volunteering” is a new measure. After a year worth of data, we will determine a target number.

“Number of hours spent in the community” has been updated to reflect the actual total number of hours spent in the community, whether integrated or not. After a year worth of data has been collected, we will determine a target number.

**Action Plan:**

Measures that state, “Tracking to begin when new fee for service structure is implemented”, will begin when the new structure starts. This has yet to be determined.

Some Meaningful Day Services have resumed. This includes Day Habilitation, Job Development and Community Development Services. All services that have resumed are community-based. The Arc continues to monitor the CDC and state guidelines to meet the health and safety of staff, individuals served and families.



# Community Living Services

## Number of People Receiving Supports

As of June 30, 2021:

- 20 Residential
- 73 Support Services

As of December 31, 2020:

- 22 Residential
- 72 Support Services

Changes:

- 1 people left support services
- 2 person joined support services
- 2 person left residential services

### Goal #3 FY 21

The Arc Carroll County's Community Living Program will increase its effectiveness, efficiency, and service access.

#### Personal Supports

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Personal Support Services.	Number of goals successfully completed	All persons served	Semi Annually	PCP's and supporting data	Program Coordinator	90%	72% of	91% 41 of 45	Not Achieved	To track the number of people meeting the goals outlined in their IP
Utilization of funded hours in FSS, FIS, and Personal Supports	Compliance using the DDA standards	People in FISS and Personal Supports	Monthly	Wage Detail Analysis	Director of Finance	90%	54%	15%	Not Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Utilization of FSS/ISS funded hours that were actually used	Compliance using the DDA standards	People in FISS	Monthly	Wage Detail Analysis	Director of Finance	100%	46%	50%	Not Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Utilization of PS funded hours that were actually used	Compliance using the DDA standards	People in PS	Monthly	Wage Detail Analysis	Director of Finance	100%	54%	84%	Not Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of new people receiving supports	New admissions into the program	People entering Personal Supports	Monthly	Enrollment Data	Program Coordinator	6	5	5	Not Achieved	To track new entries into the program

Number of individuals that exceeded their funded hours	Compliance using the DDA standards	People in PS	Monthly	Wage Detail Analysis	Director of Finance	0	0	5	Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Percentage of individuals that exercise their rights	Number of people exercising their rights	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	92% 65 of 71	N/A	Not Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that have friends	Number of people that have friends	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	97% 68 of 71	N/A	Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that choose personal goals.	Number of people that choose personal goals	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	95% 67 of 71	N/A	Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that interact with other members of the community	Number of people that interact with other members of the community	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100% 71 of 71	N/A	Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures

**Circumstances influencing results:**

All Measures: Due to the COVID-19 pandemic, The Arc has been providing limited Personal Supports. This has skewed data.

## Action Plan:

Most of Personal Support Services has resumed. The Arc continues to monitor the CDC and state guidelines to meet the health and safety of staff, individuals served and families.

### Community Living - Group Home

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Community Living - Group Home Services.	Number of goals successfully completed	All persons served	Annually	PCP's and supporting data	Program Coordinator	90%	68% 19 of 28	58% 7 of 12	Not Achieved	To track the number of people meeting the goals outlined in their IP
Percentage of individuals that exercise their rights	Number of people exercising their rights	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	85% 17 of 20	86% 19 of 22	Not Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that are treated fairly	Number of people that are treated fairly	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100% 20 of 20	100% 22 of 22	Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that have friends	Number of people that have friends	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	90% 18 of 20	100% 22 of 22	Not Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that choose personal goals.	Number of people that choose personal goals	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	80% 16 of 20	86% 19 of 22	Not Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures

PCP meetings attended by Health Services	% of mtgs. attended to share medical information	All residents receiving health services	Monthly	IP sign-in sheets	Asst. Director of QA	90%	63% 5 of 8	0% 0 of 12	Not Achieved	To track attendance of Health Services staff at PCP meetings to convey health information.
People with advanced directives on file	Number of people with advanced directives	All residents receiving Health Services	Semiannual	Advanced Directive Forms	Health Services Coordinator	45%	80% 16 of 20	68% 15 of 22	Achieved	To track the number of residents with advanced directives on file
Timeliness of follow up medical appointments	% of follow up appts. is completed within 2 weeks prior or 2 weeks after the doctor's requested return date	All residents receiving Health Services	Monthly	Medical Appointment Records	Health Services Coordinator	75%	97%	90%	Achieved	To track number of follow up appointments maintained as ordered by medical personnel

**Strategies:**

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

The Director of Community Living will participate in state-wide, as well as regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

The Director of Community Living and Direct Support Professionals will continue to make progress towards DDA's vision of the Person-Centered Philosophy.

**Circumstances influencing results:**

Residential Services continues to provide services throughout the COVID-19 pandemic. Due to the pandemic, people were not able to work on goals pertaining to community activities, thus skewing the data.

**Action Items:**

The Arc continues to monitor the CDC and state guidelines to meet the health and safety of staff, individuals served and families.

**Goal #4 FY21**

**The Arc Carroll County’s Transportation Services will maintain its efficiency per regulations.**

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
School buses passing mandatory inspections	Percentage of buses passing Board of Education required inspections	All school buses	August, October, March	Inspection Sheets	Director of Transportation	70%	85%	85%	Achieved	To track buses passing mandatory inspections, as a bus being red lined has a fiscal impact on the entire operation
Preventative maintenance appointments completed on time for school bus fleet	On time = every 6 months or every 5,000 miles	School Bus Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	90%	90%	90%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time for MTA fleet	On time = every 6 months or every 5,000 miles	MTA Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time car & minivan fleet	On time = every 6 months or every 5,000 miles	Car & Minivan Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	80%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet

**Strategies:**

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

Funder requirements will be maintained.

**Action Items:**

Continue tracking current measures.

### Goal #5 FY 21

Ninty percent of The Arc Carroll County's overall satisfaction will rate in the satisfied category.

#### Educational Partnership/Transition

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize student satisfaction	Overall satisfaction of student (Perfect Score = 15)	All Students (not including MSTC)	Annually	Satisfaction Surveys	Assistant Director of Educational Partnership/ Asst Director of QA	90%	100%  2 of 30	93.4%  29 of 42	Achieved	To track satisfaction
Maximize teacher satisfaction	Overall satisfaction of teacher (Perfect Score = 15)	All involved teachers	Annually	Satisfaction Surveys	Assistant Director of Educational Partnership / Assistant Director of QA	90%	96%  2 of 15	93%  1 of 8	Achieved	To track satisfaction

#### Meaningful Day Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	People in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	95%  51 of 132	99.2%  33 of 134	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	95%  38 of 132	94%  28 of 134	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Employment Services Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	90%  6 of 41	86.4%  14 of 54	Achieved	To track satisfaction



## Personal Support Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 50)	People in FISS	Annually	Satisfaction Surveys	Program Coordinator	95%	98% 7 of 71	99.4% 20 of 71	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	93% 8 of 91	95.5% 22 of 94	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	FISS Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	98% 3 of 50	92% 7 of 70	Achieved	To track satisfaction

## Residential Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	All residents	Annually	Satisfaction Surveys	Program Coordinator	95%	96% 11 of 20	100% 2 of 23	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	93% 8 of 91	95.5% 22 of 94	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Residential Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	83% 3 of 61	90.3% 5 of 63	Achieved	To track satisfaction

## Transportation

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Transportation Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	90%	89%	Achieved	To track satisfaction

## Global

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize overall staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Administrative Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	90%	91%	Achieved	To track satisfaction

### Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

Statements of dissatisfaction will be addressed on both an individual and systematic basis.

The board reviews the results of the satisfaction surveys in all departments at the end of the fiscal year. Dissatisfaction in relation to families, providers, employers, persons served, and the board are immediately addressed. In regard to staff dissatisfaction, during monthly staff meetings, The Arc use the 4 + 1 tool that Mike Smulls taught in order to come up with resolutions to implement agency wide.

### Circumstances influencing results:

Due to the COVID-19 pandemic, not as many satisfactions surveys were received.

**Goal #6 FY 21**

The Arc Carroll County will globally increase its effectiveness, efficiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of preventable slips, trips, or falls	All preventable Slips, Trips, and Falls for people supported	All Programs	Quarterly	Incident Reports	Asst Director of QA	<10	4	4	Achieved	To lower preventable fall related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Number of other safety related incidents	Incidents involving police, elopement, injury, accidents, and physical aggression	All Programs	Quarterly	Incident Reports	Asst Director of QA	<10	5	8	Achieved	To lower safety related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Overall adaptive behavior in relation to behavior plans	Number of people with adaptive behavior	All Programs	Monthly	Behavior plan data	Asst Director of QA	90%	63%	80%	Not Achieved	To track the performance of people utilizing behavior support plans
Percentage of fully trained staff	Staff fully trained as per agency requirement	All Program Staff	Semi Annually	Training Database	Asst Director of QA	85%	88%	59.1%	Achieved	To track training percentages for staff
Percentage of all staff with required DDA training	Staff having 100% of DDA trainings completed	All Program Staff	Semi Annual	Training Database	Asst Director of QA	90%	91%	81.2%	Achieved	To track training percentages for staff and efficiency of bringing new staff into compliance

**Strategies:**

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

The Safety Committee will meet bi-monthly to review health and safety related incidents and discuss how The Arc can decrease these incidents.

The Quality Management Committee will meet on a quarterly basis to review all incidents and talk about ways to decrease the likelihood of these types of incidents reoccurring.

The Arc implemented a new database, iCare Manager, where medication management is overseen. This system has been put in place to increase compliance. The target for medication errors has been reduced from 80 to 50. The Arc continues to move forward with enhancing technology and training to prevent these types of incidents from occurring.

**Circumstances influencing results:**

Due to the COVID-19 pandemic, all results are skewed.

**Action Items:**

The Arc implemented our new training database, Relias, globally on June 8, 2020. This system has helped with improving our numbers since trainings can now be done remotely and at any time.

Continue tracking current measures.

## Safety Summary

In the past 6 months, preventable slips, trips, and falls decreased. Due to the COVID-19 pandemic, with most services being suspended, our data is skewed. Even though preventable slips, trips, and falls have decreased, The Arc continues to provide consistent trainings and as many resources as possible. For example, we train all staff on slips, trips, and falls on an annual basis.

An example of safety related incidents that occurred include medication errors. The Arc will continue to try to improve in training and staffing to prevent these types of incidents in the future.

## Reportable Incident Analysis

There were 19 reportable occurrences in the reporting period. Four was related to emergency room visits and were predominately for chronic medical conditions or minor injuries. The level of emergency room visits remains low from year to year. Emergency room visits occurred in our Residential Program, Supported Living Program, and Day Program.

Eleven hospitalizations occurred and were reported. None remain in the hospital. Most of the other individuals made a full recovery from the illness that resulted in hospitalization. There were 2 deaths.

There were zero serious vehicle accidents between January 1, 2021 - June 30, 2021.

The Quality Management Committee was responsible for reviewing the incidents and to monitor proper implementation of agency procedures and recommend corrective actions if necessary. The committee found all incidents to have been handled appropriately. The committee did not find it necessary to make any recommendations beyond those already made in the reports.

The staff is to be commended on their actions to ensure the safety of people served.