



Program Evaluation Management Report

THE ARC CARROLL COUNTY
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Program Evaluation Management Report

January 1, 2022 - June 30, 2022

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

“It is not the strongest or the most intelligent who will survive but those who can best manage change.”
– Leon C. Megginson

Dr. Megginson was a professor of business administration at LSU. He authored over 100 articles and 12 books. When this quote appeared, many evolutionists took notice, as Megginson brought forth his belief that managing change was the driver in survival instead of strength or intelligence.

I was attracted to this quote because it conveys my thoughts regarding the past 6 months. While we don't measure our agency's collective strength and intelligence against other organizations, I do feel we are fairly adept at looking into the future, making some logical predictions, and beginning to design our process for implementation. Fortunately, The Arc has visionaries, team members that can understand a vision and design an implementation plan. We have team members that can evaluate performance and suggest ways to improve AND, most importantly, play fairly well in the sandbox.

The Arc's ability to manage change was never more evident than this past 6 months. When you consider:

- Becoming one of the early adopter organizations to implement LTSS.
- Re-establishing services for many individuals as the pandemic became more manageable.
- Began an aggressive talent search to fill many vacant positions in every department.
- Approved an operating budget that included an increase in The Arc's starting wage from \$14 to \$17 per hour.

The Arc began preparing for the move to LTSS over 2 years ago, by implementing a new health care tracking and attendance system. Additionally, we added compliance and finance support positions to prepare for the administrative needs. During the pandemic, additional resources allowed us to purchase more technology and vehicles to further support our vision for implementing LTSS. While there were a few bumps in the road, I feel that we have successfully managed through these historic changes in funding and service definitions and are emerging as a stronger, more nimble organization.

I also want to note that during the past 6 months, we celebrated our first class of the RISE participants. Team members have the opportunity to become certified by NADSP, which is a national accrediting organization for direct support professionals. The program was amazingly successful with over half of the 24 team members

obtaining certification at the DSP 1 level. I'm thrilled to report that 6 participants obtained the DSP 3 level. The goal of providing a career ladder for direct support professionals while seeking to retain our best staff members seems to be working as the program enjoys a 96% retention rate. The program is expanding to allow an additional 16 staff members to participate.

So, all in all a satisfying 6 months and a tribute to the amazing talents of many at The Arc for helping us to plan for, navigate, and successfully implement changes. I'm excited for the next 6 months as we engage in strategic planning for the organization.

Donald Rowe
Executive Director

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. Since then, The Arc had a soft open. This means we continue to provide limited 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 bi-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 administrative team 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, 2022:

- 121 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 1 Vocational Rehabilitation (DORS)
- 6 Pre-ETS (DORS)
- 2 WBLE
- 25 DORS Funded (Summer Job)

As of December 31, 2021:

- 121 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 36 Vocational Rehabilitation (DORS)
- 10 Pre-ETS (DORS)
- 6 WBLE
- 25 DORS Funded (Summer Job)

Changes: 0 people joined (DDA Funded)

0 people left (DDA Funded)

Goal #1 - FY 22

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	Educational Partnership Manager	20 for school year	10 for '21-'22 school year	10 '21-'22 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	Educational Partnership Manager	33%	35% 6 of 17	29% 5 of 17	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	Educational Partnership Manager	90%	34% 9 of 24	53% 19 of 36	Not 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	Educational Partnership Manager	5%	100% 2 of 2	4% 2 of 20	Achieved	To show effectiveness of the program

Number of Pre-ETS classes that occurred	Number of classes that successfully occurred	All Educational Partnership Students	Semi Annually	Progress Notes	Educational Partnership Manager	100%	100% 1 of 1	100% 2 of 2	Achieved	To show effectiveness of the 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	Educational Partnership Manager	75%	37%	12%	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	Educational Partnership Manager	80%	90%	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	Educational Partnership Manager	30 Students	20 Students	22 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:

COVID-19 Update: The program is back to normal practices in school and with DORS services. We continue to offer virtual job development and Pre-ETS classes.

“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:

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 22

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%	43% 30 of 70	39% 41 of 104	Not Achieved	To track the number of people meeting the goals outlined in their PCP
Number of integrated activities 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	39	35	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 hours spent volunteering	Total number of hours people volunteered in the community	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	1,000	1,291.12	1,083.25	Achieved	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	8,000	7,054	10,213	Not Achieved	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 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	34	34	Achieved	To track the number of people receiving Supported Employment.
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	32	32	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 Employment that are CESP Certified.	Number of staff under Job Development, Job Discovery and Employment that are CESP Certified	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Human Resources	50%	22% 2 of 9	30% 3 of 10	Not Achieved	To track the number of staff that are in compliance with this training requirement.

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 and Coordinators will meet on a monthly basis to discuss progress made, what still needs to be completed, continuing to emphasize the person-centered philosophy, and work collaboratively on community integration.

The Senior Coordinator 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.

The following measures have been removed, "Number of individuals in Day Habilitation Services"; Number of individuals in Community Development Services (CDS)"; "Number of individuals in Career Exploration"; "Number of individuals in Discovery Services"; "Number of individuals in Job Development Services"; "Number of individuals receiving Ongoing Job Support"; "Number of individuals receiving Follow Along Support"; and "Number of hours that decreased in Day Habilitation Services". The listed measures have been removed because the new fee for service system allows for each person to stack services.

"Percentage of staff under Job Development, Job Discovery and Employment that are ACRE trained" has been updated to "Percentage of staff under Job Development, Job Discovery and Employment that are CESP Certified. This reflects DDA's updated requirements.

Action Plan:

Meaningful Day Services have resumed; however, not at full capacity. 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, 2022:

- 19 Residential
- 61 Support Services

As of December 31, 2021:

- 20 Residential
- 67 Support Services

Changes:

- 6 people left support services
- 0 person joined support services
- 1 person left residential services
- 0 person joined residential services

Goal #3 FY 22

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%	59% 42 of 71	68% 28 of 41	Not Achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Personal Supports	Compliance using the DDA standards	People in FISS and Personal Supports	Monthly	Wage Detail Analysis	Director of Finance	90%	60%	58%	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	1	0	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	3	1	Not 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%	98% 63 of 64	87% 58 of 67	Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals	Number of people that have friends	All people receiving	Annually	Interviews per CQL guidelines	Program Coordinator	95%	97% 62 of 64	96%	Achieved	To track the alignment of services provided

that have friends		personal supports						64 of 67		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%	98%	93%	Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
							63 of 64	62 of 67		
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%	85%	93%	Not Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
							55 of 64	62 of 67		

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%	69% 18 of 26	68% 13 of 19	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%	100% 19 of 19	100% 20 of 20	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% 19 of 19	100% 20 of 20	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%	95% 18 of 19	85% 17 of 20	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%	79% 15 of 19	85% 17 of 20	Not Achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
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%	84% 16 of 19	80% 16 of 20	Achieved	To track the number of residents with advanced directives on file
Timeliness of follow up medical	% of follow up appts. is completed	All residents receiving	Monthly	Medical Appointment Records	Health Services Coordinator	75%	93%	96%	Achieved	To track number of follow up appointments

appointments	within 2 weeks prior or 2 weeks after the doctor's requested return date	Health Services									maintained as ordered by medical personnel
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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.

The Assistant 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 Assistant 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 FY22

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 22

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%	96% 14 of 20	100% 2 of 30	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	96% 2 of 15	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%	97% 34 of 121	95% 51 of 132	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	87% 27 of 121	95% 38 of 132	Not 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%	91% 18 of 66	90% 6 of 41	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%	100% 9 of 64	98% 7 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%	92% 18 of 83	93% 8 of 91	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	FISS Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	93% 28 of 49	98% 3 of 50	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%	100% 5 of 19	96% 11 of 20	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	92% 18 of 83	93% 8 of 91	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Residential Staff	Annually	Satisfaction Surveys	Asst Director of QA	90%	88% 28 of 58	83% 3 of 61	Not 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%	86%	90%	Not 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%	90%	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:

Goal #6 FY 22

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	5	2	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	9	3	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%	77%	83%	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	Human Resources	85%	88%	91%	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	Human Resources	90%	93%	93%	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 several systems including iCare Manager and Relias. Both systems improve compliance for trainings, medication management, incident reporting, etc.

Circumstances influencing results:

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

Action Items:

Continue tracking current measures.

Safety Summary

In the past 6 months, preventable slips, trips, and falls increased. Most services were suspended due to the COVID-19 pandemic; however, The Arc has started to open services back up. This contributes to the increase in preventable slips, trips, and falls. 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 16 reportable occurrences in the reporting period. There were 13 incidents related to emergency room visits or urgent care 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.

Eight 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. Zero deaths occurred between January 1, 2022 - June 30, 2022.

There were zero serious vehicle accidents between January 1, 2022 - June 30, 2022.

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 QMC continues to meet virtually due to COVID-19.

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