



Program Evaluation Management Report

THE ARC CARROLL COUNTY
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Program Evaluation Management Report

July 1, 2022 - December 31, 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

**“A great accomplishment shouldn’t be the end of the road, just the starting point for the next leap forward.”
~ Harvey MacKay**

I was attracted to this quote by the best-selling author and columnist Harvey MacKay because it conveys the feeling that I have for The Arc. MacKay’s “Swim With The Sharks, Without Being Eaten Alive” was a best-seller when I began my career. It speaks about motivation, being able to sell yourself, how to read people, and how to negotiate--the perfect book for someone who was getting ready to change the world! Fast forward over 30 years and a lot has changed in the world. I don’t believe my hand has been involved in many of those changes, but perhaps a few.

It has been challenging to envision the future in the midst of the pandemic. Just surviving day to day felt like an accomplishment. Slowly, we began to cast our vision to the future and what better way than to engage in strategic planning. I spoke to stakeholders both within and outside of the organization and one key issue emerged: please find a way to continuing and growing services. As we discussed the best way to do that, several interesting ideas emerged. Staff members want to be engaged, knowledgeable, and dedicated. But first, some basic needs have to be considered and satisfied: a living wage, access to reasonable and affordable health care, a safe work environment, a supervisor that cares about their development and growth, a welcoming and friendly atmosphere, and lastly, the right tools to do their job.

The Arc embraces the opportunity to raise the bar in our commitment to staff. This valuable feedback is the foundation for our strategic plan and will be our focus over the next three years. We are confident that if we take care of the people that are supporting those that choose The Arc for their services, our ability to expand and improve our service delivery will follow.

Making it through the pandemic and creating a strategic plan are accomplishments. They mark the beginning of the next phase of our ongoing commitment to position The Arc as a leading organization that champions for and supports people with disabilities while cultivating relationships that enrich our community.

I look forward to the next year as I feel that The Arc is ready to take flight in growing and enhancing our service delivery models.

Don Rowe

Data Analysis Procedures

Data is collected from the program areas on a regular basis. This data is compiled and analyzed upon receipt by the 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 for our Personal Support and Meaningful Day Programs. 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 will 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 December 31, 2022:

- 124 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 12 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 19 DORS Funded (Summer Job)

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)

Changes: 7 people joined (DDA Funded)

4 people left (DDA Funded)

Goal #1 - FY 23

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 '22-'23 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	35% 6 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	Job Developer	70%	67% 8 of 12	34% 9 of 24	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%	0%	100% 2 of 2	Not 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%	0%	100% 1 of 1	Not 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%	0%	37%	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%	0%	90%	Not 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	21 Students	20 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.

The Arc postponed WBLES and Pre-ETS which has skewed several measures.

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 23

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%	28% 38 of 142	43% 30 of 70	Not Achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Day Habilitation and CDS	Number of hours spent in Day Habilitation and CDS	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	40%	37%	N/A	Not Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
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	50	39	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	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	1,000	1476.0 1	1,291 .12	Achieved	To track the number of hours spent in the community volunteering in

	in the community									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	10,232.6	7,054	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	36	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	Number of staff under Job Development, Job Discovery and Employment	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Human Resources	50%	29% 2 of 7	22% 2 of 9	Not Achieved	To track the number of staff that are in compliance with this training requirement.

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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 and Coordinators 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 Day and Employment Program Manager 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.

Action Plan:

“Utilization for funded hours in Day Habilitation and CDS” had been added as a new measure. Funded hours include stacking of Day Habilitation and CDS. Since The Arc only provides 30 hours a week of Meaningful Day Services; however, a person may have stacked hours totaling 60 hours a week. Therefore, The Arc has set the target for this measure at 40% since including stacking of services makes 50% meeting 100% of 30 hours of services.

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 December 31, 2022:

- 21 Residential
- 58 Support Services

As of June 30, 2022:

- 20 Residential
- 64 Support Services

Changes:

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

Goal #3 FY 23

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%	57% 51 of 89	59% 42 of 71	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%	50%	60%	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	0	1	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	10	3	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%	94% 55 of 58	98% 63 of 64	Not 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%	100% 58 of 58	97%	Achieved	To track the alignment of services provided

that have friends		personal supports						62 of 64		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%	93% 54 of 58	98% 63 of 64	Not 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%	94% 55 of 58	85% 55 of 64	Not 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%	77% 20 of 26	69% 18 of 26	Not Achieved	To track the number of people meeting the goals outlined in their Person-centered Plan
Percentage of individuals that exercise their rights	Number of people exercising their rights	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	86% 18 of 21	100% 20 of 20	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%	86% 18 of 21	100% 20 of 20	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 residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	86% 18 of 21	95% 19 of 20	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%	90% 19 of 21	80% 16 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%	81% 17 of 21	85% 17 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%	93%	Achieved	To track number of follow up appointments

Goal #4 FY23

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 23

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	Educational Partnership Manager / Director of QA	90%	See Below	196% 14 of 20		To track satisfaction
Maximize teacher satisfaction	Overall satisfaction of teacher (Perfect Score = 15)	All involved teachers	Annually	Satisfaction Surveys	Educational Partnership / Director of QA	90%	See Below	96% 2 of 15		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%	See Below	97% 34 of 121		To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	See Below	87% 27 of 121		To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Employment Services Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	91% 18 of 66		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%	See Below	100% 9 of 64		To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	See Below	92% 18 of 83		To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	93% 28 of 49		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%	See Below	100% 5 of 19		To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	See Below	92% 18 of 83		To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 36)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	88% 28 of 58		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	Director of QA	90%	See Below	86%		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	Director of QA	90%	See Below	90%		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:

Satisfaction surveys are recorded annually; therefore, you will see the results from our surveys on the next PEMR.

Goal #6 FY 23

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	Director of QA	<10	6	5	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	Director of QA	<10	11	9	Not 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	Director of QA	90%	65%	77%	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%	100%	88%	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%	89%	93%	Not 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 reopen services. 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 injuries and physical aggression. 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 15 reportable occurrences in the reporting period. There were 32 incidents related to emergency room visits, urgent care visits or EMS evaluations and were predominately for chronic medical conditions or minor injuries. The amount of incidents related to emergency rooms visits, urgent care visits and EMS evaluations has increased this year due to several factors. Dimensional's policies on contacting 911 have changed and one of our residents had an increase in medical concerns. Emergency room visits occurred in our Residential Program, Supported Living Program, and Day Program.

Nine hospitalizations occurred and were reported. None remain in the hospital. All of the individuals made a full recovery from the illness that resulted in hospitalization. One death occurred between July 1, 2022 - Decembetr 31, 2022 that was anticipated.

There were zero serious vehicle accidents between July 1, 2022 - December 31, 2022.

The Quality Management Committee was responsible for reviewing the incidents and to monitor proper implementation of agency precedures 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.