



## Program Evaluation Management Report

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

**January 1, 2023 - June 30, 2023**

### **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

**“The more difficult the workout, the greater the satisfaction”  
-unknown**

Most people that engage in some kind of exercise program report that their level of satisfaction increases with how strenuous their routine was both mentally and physically. When I recount the times in my life that I had to put in more effort, the payoff was a bit sweeter. A few years ago, it felt like we were at the bottom of Mt. Everest staring up. Today, it feels like we are at the top looking down. What changed? The beginning of our journey began with trying to figure out the impact of the Community Settings Rule, meeting the demands of a changing industry and how to effectively meet the needs of the individuals we support and other stakeholders. Funding was not keeping pace with rising wages and expenses, workforce issues continued to be concerning, and the need to invest in more technology grew. It all felt very daunting, frustrating, and insurmountable.

Thankfully the culture at The Arc is one that where have our moment to cry, yell, scream, and complain, then we start to figure it out. Looking back, the pandemic was both a curse and a blessing. The rebuilding of our workforce was at times painful, but the steady commitment towards excellence was evident. The pandemic also allowed us time to reset our vision and implement changes in a thoughtful and strategic way.

Today, we have successfully navigated the massive system change and are actually being sought out by other organizations to provide guidance. Our strategic plan is providing an effective roadmap to guide our efforts to strengthen and increase our workforce. This has led to our ability to increase capacity and serve more individuals. I believe the quality of services has dramatically improved and our commitment to meet needs has never been stronger.

The Arc is fortunate to have a group of dedicated, talented, and focused staff members throughout the organization that aren't afraid of challenges and have the ability to not only achieve but exceed goals. The workout we experienced these past five years was grueling, the satisfaction that many of us feel today couldn't be sweeter.

The other thing about the culture at The Arc, is we'll enjoy the feeling for a moment, then go find the next mountain to climb!

Don Rowe  
Executive Director  
July 2023

## 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.



## Meaningful Day Services

### Number of People Receiving Supports

As of June 30, 2023:

- 121 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 15 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 8 DORS Funded (Summer Job)

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)

Changes: 4 people joined (DDA Funded)  
7 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	11 for '22-'23 school year	10 '22-'23 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%	19% 4 of 21	35% 6 of 17	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	Job Developer	70%	71% 11 of 15	67% 8 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	Educational Partnership Manager	5%	100% 8 of 8	0%	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%	0%	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%	.5%	0%	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	100%	0	0	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	10 Students	21 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.

Since the CDC has ended the state of emergency for COVID-19, The Arc will not continue COVID related reporting. 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%	38% 53 of 139	28% 38 of 142	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%	50%	37%	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	Compliance Manager	20	54	50	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	Compliance Manager	1,000	1881	1476.01	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	Compliance Manager	8,000	13,462	10,232.6	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	Community Employment Coordinator	>33	37	36	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	31	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	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Human Resources	50%	33% 3 of 9	29% 2 of 7	Not achieved	To track the number of staff that are in compliance with this training requirement.

	CESP Certified									
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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:**

Measure 1: Due to stacking of services, a person may decide to only receive half or none of the hours under a service thus skewing data.

**Action Plan:**

Since the CDC has ended the state of emergency for COVID-19, The Arc will not continue COVID related reporting.

Continue tracking current measures.

# Community Living Services

Number of People Receiving Supports

As of June 30, 2023:

- 24 Residential
- 60 Support Services

As of December 31, 2022:

- 21 Residential
- 58 Support Services

Changes:

- 5 people left support services
- 7 person joined support services
- 0 person left residential services
- 3 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%	61% 33 of 54	57% 51 of 89	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%	64%	50%	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	7	0	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	11	10	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%	87%	94%	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%	90%	100%	Not achieved	To track the alignment of services provided

that have friends		personal supports								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%	87%	93%	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%	93%	94%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures

**Circumstances influencing results:**

None

**Action Plan:**

Measures 5 - 8: Support Services Coordinators will work with individuals and their teams to find person-centered ways for the person supported to meet the CQL Personal Outcome Measures.

Since the CDC has ended the state of emergency for COVID-19, The Arc will not continue COVID related reporting.

Continue tracking current measures.

## 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% 10 of 13	77% 20 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%	14%	86%	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%	43%	86%	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%	38%	86%	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%	57%	90%	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%	75%	81%	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%	93%	Achieved	To track number of follow up appointments 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:**

None

**Action Items:**

Measures 2 - 5: The Assistant Director of Community Living will work with individuals and their teams to find person-centered ways for the person supported to meet the CQL Personal Outcome Measures.

Since the CDC has ended the state of emergency for COVID-19, The Arc will not continue COVID related reporting.

Continue tracking current measures.

**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:**

Since the CDC has ended the state of emergency for COVID-19, The Arc will not continue COVID related reporting.

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	96% 14 of 20	N/A	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%	72% 8 of 8	96% 2 of 15	Not achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Educational Partnership staff	Annually	Satisfaction Surveys	Director of QA	90%	97% 5 of 5	N/A	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%	98% 50 of 121	97% 34 of 121	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction	Families of people in	Annually	Satisfaction Surveys	Program Coordinator	90%	93% 46 of 121	87%	Achieved	To track satisfaction

	(Perfect Score = 24)	Work Services						27 of 121		
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Employment Services Staff	Annually	Satisfaction Surveys	Director of QA	90%	90% 39 of 44	91% 18 of 66	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% 10 of 54	100% 9 of 64	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	100% 8 of 78	92% 18 of 83	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	93% 42 of 52	93% 28 of 49	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% 7 of 24	100% 5 of 19	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	100% 8 of 78	92%	Achieved	To track satisfaction

	(Perfect Score = 24)							18 of 83		
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	88% 44 of 60	88% 28 of 58	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 = 39)	Transportation Staff	Annually	Satisfaction Surveys	Director of QA	90%	87%	86%	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 = 39)	Administrative Staff	Annually	Satisfaction Surveys	Director of QA	90%	91%	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:**

Measure 1 (Student surveys): Zero student surveys were returned. This coming year The Arc will send paper and electronic copies.

**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	7	6	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	21	11	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%	69%	65%	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%	91%	89%	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%	94%	100%	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:**

None

**Action Items:**

Since the CDC has ended the state of emergency for COVID-19, The Arc will not continue COVID related reporting. 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 is fully reopened. This contributes to the increase in preventable slips, trips, and falls. The Arc continues to provide consistent training 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 elopement and physical aggression. The Arc will continue to try to improve 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 42 incidents related to emergency room visits, urgent care visits or EMS evaluations. 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 and Day Program. One incident was related to abuse. One incident was related to suicide threat/attempt.

Eleven hospitalizations occurred and were reported. None remain in the hospital. Most of the individuals made a full recovery from the illness that resulted in hospitalization. Three deaths occurred between January 1, 2023 - June 30, 2023.

There were zero serious vehicle accidents between January 1, 2023 - June 30, 2023.

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.