Program Evaluation Management Report

Program Evaluation Management Report

July 1, 2025 – December 31, 2025

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.

The Arc
Carroll County

ACHIEVE WITH US.

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Message from the Executive Director

> **"Great things in business are never done by one person. They're done by a team of people."**
>
> ~ Steve Jobs

I was drawn to this quote by Steve Jobs, founder of Apple, because it reflects the culture at The Arc. I read Jobs's autobiography several years ago and found his life and career fascinating. Undoubtedly, he was brilliant in mind who helped create a company responsible for so many life-changing devices. It's hard to imagine our lives today without Apple products—or technology inspired by Apple.

I was mildly surprised to see this quote attributed to Jobs, given that his management style was sometimes described as authoritative and abrasive. Yet Apple would not be the company it is today without the many talented people who carried forward its mission "to create technology that empowers people and enriches lives." In an interesting parallel, The Arc is also focused on a similar path, as technology is a key priority in our strategic plan.

Over the past six months, The Arc's team has been engaged in doing "great things" to enhance our service delivery model while setting our sights on updating our strategic plan for the next three years. With the emergence of artificial intelligence, several staff members are exploring how this technology can be used to strengthen both our programs and business operations. In addition, we are planning to incorporate best-practice and model technology as we construct two fully accessible homes for individuals in our residential program.

Our vision for the future also includes raising our expectations and efforts to become more person-centered throughout the organization. I am proud of our staff, who continually strive to be creative, inclusive, and deeply committed to supporting others in their pursuit of meaningful lives. We remain equally focused on developing our team through training and skill-building, ensuring they are well equipped to succeed in their roles.

I am excited about the year ahead, as our two new homes are near completion and our updated strategic plan is finalized and implemented.

Last year, we celebrated The Arc's 65th anniversary. Our founders were a group of seven families whose shared vision and passion for creating meaningful lives for people with disabilities led to the organization's creation. As the quote reminds us, it was never just one person. Today, the same holds true—The Arc is thriving because of the collective work, vision, and passion of many.

Donald Rowe
Executive Director
January 27, 2026

Data Analysis Procedures

Data is regularly collected from program areas and is compiled and analyzed by the Director of Quality Assurance upon receipt. Any negative trends identified are promptly communicated to the relevant program management staff for review and action. In addition to this ongoing analysis, the data undergoes a formal review every six months to assess its reliability and validity, with findings presented at quarterly staff meetings. Furthermore, all incident and behavior support plan-related data are reviewed by the Quality Management Committee, which meets quarterly. Findings from these reviews are used to inform quality improvement activities and are documented and monitored for follow-up.

Summary of Changes to Preformance Measures

The Program Evaluation Management Report was reviewed and updated to ensure that performance measures accurately reflect current services, regulatory expectations, and organizational priorities. As part of this review, several new measures were added to better capture outcomes and quality indicators across services. A small number of exisiting measures were removed where they were duplicative, no longer applicable, or did not provide meaningful data for quality improvement. These revisions were made to strengthen the report's ability to monitor performance, evaluate service effectiveness, and support ongoing quality improvement efforts.

Since a number of measures are newly established, baseline data has not yet been collected. As a result, readers may notice that several measures do not currently have established target benchmarks. Tarets will be developed once sufficient baseline data is available to ensure that benchmarks are meaningful and reflective of actual performance.

Brittany Bowden
Director of Quality Assurance

Meaningful Day Services
Number of People Receiving Supports

As of December 31, 2025:
- 119 DDA Funded
- 7 Self-Directed
- 10 Vocational DORS Non-DDA Funded
- 3 Vocational DORS DDA Funded
- 1 WBLE
- 16 DORS Summer Youth (SYE)

As of June 30, 2025:
- 115 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 10 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 24 DORS Funded (Summer Job)

Changes: 6 people joined (DDA Funded)
           2 people left (DDA Funded)

Goal #1 – FY 26

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 i.e. DORS, DDA, SC, BERC, etc.	Guest speakers and trips giving exposure to possible jobs	All Educational Partnership Students	Monthly (not including Summer)	Completed Lesson Plans	Assistant Director of Day and Employment Services	5 for school year	See Below for '25-'26 school year	4 '24-'25 school year	N/A	To give students a view of the operations of businesses and possible jobs available to them
Number of SYE students who began participating in the program	Number of students that started the SYE program	All SYE students	Semi Annually	Progress Notes	Job Developer	See below	26	N/A	N/A	To track initial engagement and access to the SYE program, helping assess outreach effectiveness and participant interest.
Number of SYE students placed in a work-based experience	Number of students placed in a work-based experience	SYE students placed in a work-based experience	Semi Annually	Progress Notes	Job Developer	See below	16	N/A	N/A	To track the program's ability to successfully place participating students into paid employment opportunities.
Number of students that obtained paid employment through SYE	Number of students that got a job through SYE	All Educational Partnership Students	Semi Annually	Progress Notes	Job Developer	See below	1	N/A	N/A	To show effectiveness of the program
Number of new community partnerships	Number of new community partnerships	All Educational Partnership Students	Semi Annually	Database	Job Developer	See below	6	N/A	N/A	To measure the program's reach, sustainability, and community

									integration that enhances the programs outcomes and community impact.
created through the SYE program										

Strategies:

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 implmentation.

Circumstances influencing results:

The following measures are new (targets not set):
"Number of SYE students who began participating in the program"
"Number of SYE students placed in a work-based experience"
"Number of students that obtained paid employment through SYE"
"Number of new community partnerships"

"Number of experiences students receive i.e. DORS, DDA, SC, BERC, etc." is measured once the school year has concluded. The results will be in the next PEMR.

Measures related to adult employment have been relocated to the Employment section. The Educational Partnership program has evolved over time; accordingly, outdated measures have been removed, and new measures have been introduced. The Arc aims to assess both the effectiveness of the SYE program and its impact within the community.

Action Plan:

Continue tracking current measure

Goal #2 – FY 26
The Arc Carroll County's Meaningful Day Services will increase its effectiveness, effiency, and service access.

Day Program

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of Transitioning Youth (TY) that entered Meaningful Day Services	Number of all TY's that entered Meaningful Day Services	All TY's	Semi Annually	Database	Assistant Director of Day and Employment Services	See below	4	N/A	N/A	To track transitions from school-based services into meaningful day services, ensuring TYs experience continuity of supports and engagement in person-centered activities.
Number of adults that entered Meaningful Day Services	Number of all adults (non-TY) that entered Meaningful Day Services	All new adults in Meaningful Day Services	Semi Annually	Database	Assistant Director of Day and Employment Services	See below	1	N/A	N/A	To track access to meaningful day services for adults outside the transitioning youth population, helping access service availability, utilization, and responsiveness to individuals needs.
Percentage of PCP goals obtained in Day Program	Number of goals successfully completed	All persons served	Annually	PCPs and supporting data	Compliance Specialist	90%	52% 50 of 96	65% 95 of 146	Not achieved	To track how effectively the day program supports individuals in achieving their PCP goals, ensuring services remain

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											individualized, goal-driven, and aligned with each person's desired outcomes.
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%	57%	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	Database	Assistant Director of Day and Employment Services	50	300	173	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	Assistant Director of Day and Employment Services	1,500	1592	1,577	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	People in Day Habilitation	Semi Annually	Database	Assistant Director of Day and	10,500	13,567	11,188	Achieved		To track the number of hours spent in the community for

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
spent in the community					Employment Services					people receiving Day Habilitation. This will show an increase in community integration.
Number of new Community Partnerships created for Meaningful Day Services	Total number of new community partnerships	People in				See below	4	N/A	N/A	To track the number of new community partnerships created through meaningful day services helps measure the programs reach, sustainability, and community integration.

Employment

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Employment Services	Number of goals successfully completed	All persons served	Annually	PCPs and supporting data	Program Coordinator	90%	100% 28 of 28	N/A	Achieved	To track how effectively the employment services supports individuals in achieving their PCP goals, ensuring services remain individualized, goal-driven, and aligned with each person's desired outcomes.

Number of people that completed the Discovery process	Total number of people that completed all three discovery milestones	People in Discovery services	Semi Annually	Database	Job Developer	4	3	N/A	Not achieved	To track the number of people who complete the discovery process to ensure individuals are adequately prepared for person-centered job development, leading to better employment matches and outcomes.
Percentage of DORS job development referrals resulting in paid employment	Total number of adults that got a job through DORS funding	All DORS adults	Semi Annually	Database	Job Developer	70%	82%	N/A	Achieved	To show effectiveness of the program.
Percentage of DORS job development referrals receiving DDA-funded supports resulting in paid employment	Total number of adults that got a job through DORS funding	All DORS/DDA adults	Semi Annually	Database	Job Developer	70%	33% 1 of 3	N/A	Not achieved	To show effectiveness of the program.
Number of new employer contacts	Total number of new employer contacts	All persons served	Semi Annually	Database	Job Developer	20	25	N/A	Achieved	To track the number of new employer contacts helps expand and maintain a network of potential employment opportunities,

										enabling staff to connect individuals interested in employment with known employers and strengthen job development and placement efforts.
Number of individuals in Community Integrated Employment	Total number of people in Community Integrated Employment Services	People in Community Integrated Employment	Semi Annually	Employment Tracking System	Community Employment Coordinator	>35	33	36	Not achieved	To track the number of people receiving employment services in the community.
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	33	30	33	Not achieved	To track the number of community integrated employment sites to show an increase in employment opportunities and connections.

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

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 Program Manager will participate in state-wide, and regional forums on topics related to employment and will foster participation and training for Direct Support Professionals.

Circumstances influencing results:

Measure regarding CESP and ACRE training has been removed as this is included in the training requirement measure under Goal #6.

The following measures are new (targets not set):
"The number of transitioning youth that ended Meaningful Day Services"
"The number of adults that entered Meaningful Day Services"
"Number of Community Partnerships created for Meaningful Day Services"
"Number of people that completed the Discovery Process" – target was preset when program began
"Percentage of DORS job development referrals receiving DDA-funded supports resulting in paid employment"
"Number of new employer contacts" – target was preset when program began

Measures related to day program and employment have been separated, reflecting that these are distinct services within the Meaningful Day framework. New measures have been added to the Employment section to tract the effectiveness of the Discovery program, as The Arc has recently begun utilizing this funding. Additionally, efforts to expand the network of employment opportunities and community connections are now being measured. Within the Meaningful Day framework, new measures have also been introduced to track participants' access to services.

Action Plan:

Continue tracking current measures.

Community Living Services
Number of People Receiving Supports

As of December 31, 2025:

- 21 Residential
- 60 Personal Supports
- 2 Supported Living
- 7 Shared Living

As of June 30, 2025:

- 23 Residential
- 66 Support Services

Changes:

       4 people left support services
       7 people joined support services
       2 person left residential services
       0 person joined residential services

Goal #3 FY 26
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%	44% 11 of 25	36% 17 of 47	Not achieved	To track how effectively the personal supports supports individuals in achieving their PCP goals, ensuring services remain individualized, goal-driven, and aligned with each person's desired outcomes.
Utilization of funded hours in Personal Supports	Compliance using the DDA standards	People in Personal Supports	Monthly	Wage Detail Analysis	Director of Finance	90%	See below	60%	N/A	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	See Below	14	N/A	To track utilization of hours to better manage staff scheduling and monitor unusual events

Number of integrated activities individuals participated in	Total number of community-based activities people took part in	All people receiving personal supports	Semi-annual	Database	Program Coordinator	100	395	285	Achieved	To track the number of community-based activities that people participate in under Personal Supports to show community integration. *Number is unduplicated community integrated activities.
Percentage of individuals that maintain social connections	Number of people that have social connections	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	84%	100%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals that are involved 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%	89%	100%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances

Strategies:

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

The Support Services Coordinators will participate in state-wide, and regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

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

Circumstances influencing results:

Measure, "Utilization of Personal Supports funds" and "The number of individuals that exceeded their funded hours" is measured on a fiscal basis. This measure will have a result in the next PEMR.

Action Plan:

Continue tracking current measures.

Community Living

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Group Home Services.	Number of goals successfully completed	All persons served in group homes	Annually	PCP's and supporting data	Program Coordinator	90%	82% 9 of 11	75% 9 of 12	Not achieved	To track how effectively the residential program supports individuals in achieving their PCP goals, ensuring services remain individualized, goal-driven, and aligned with each person's desired outcomes.
Percentage of PCP goals obtained in Shared Living.	Number of goals successfully completed	All persons served in shared living	Annually	PCP's and supporting data	Program Coordinator	90%	67% 2 of 3	N/A	Not achieved	To track how effectively the shared living program supports individuals in achieving their PCP goals, ensuring services remain individualized, goal-driven, and aligned with each person's desired outcomes.
Percentage of PCP goals obtained in Supported Living	Number of goals successfully completed	All persons served in supported living	Annually	PCP's and supporting data	Program Coordinator	90%	See below	N/A	N/A	To track how effectively the residential program supports individuals in achieving their PCP goals, ensuring services remain individualized, goal-driven, and aligned with each person's desired outcomes.

Percentage of individuals whose daily routine is person-centered	Number of people whose has a person-centered routine	All persons served in community living	Annually	Interviews per CQL guidelines	Program Coordinator	100%	77%	100%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals who have personalized their own space	Number of people that have personalized space	All persons served in community living	Annually	Interviews per CQL guidelines	Program Coordinator	100%	77%	100%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals that have social connections	Number of people that have social connections	All persons served in community living	Annually	Interviews per CQL guidelines	Program Coordinator	100%	74%	96%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that engage in their preferred activities	Number of people that engage in preferred activities	All persons served in community living	Annually	Interviews per CQL guidelines	Program Coordinator	100%	74%	96%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances
Number of individuals that have a MOLST	A completed MOLST in the individual's record	All persons served in community living	Semi annually	Completed MOLST in the individuals file	Health Services Coordinator	100%	32% 10 of 31	N/A	Not achieved	To ensure individuals have the opportunity to complete a MOLST helps safeguard autonomy, promotes timely and appropriate medical responses, and reduces decision-making barriers.
Timeliness of follow up medical appointments	% of follow up appts. is completed within 2 weeks prior or 2 weeks after the doctor's	All residents receiving Health Services	Monthly	Medical Appointment Records	Health Services Coordinator	75%	89%	86%	Achieved	To track number of follow up appointments maintained as ordered by medical personnel

	requested return date								

Strategies:

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

The Assistant Director of Community Living will participate in state-wide, and 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:

A new measure, "Number of individuals that have a MOLST", was added to ensure individuals have the opportunity to make informed medical decisions and that appropriate safeguards are in place. Tracking this measure promotes self-determination and helps ensure care aligns with each individual's preferences, particularly during significant medical events.

Supported Living and Shared Living services have been separated from Personal Supports and incorporated under the Community Living section, in alignment with the waiver. This restructuring allows for more precise tracking and evaluation of these distinct services within the broader Community Living framework.

The measure, "Percentage of PCP goals obtained in Supported Living" reflects "See below" under the target field. Only two individuals are in the Supported Living program, so at the time of this report both Person-Centered Plans extend into the subsequent PEMR reporting period. As a result, outcome data will be finalized and a target established in the next PEMR cycle.

Action Items:

Continue tracking current measures.

Goal #4 FY26

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	80%	90%	90%	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	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet

Strategies:

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

Funder requirements will be maintained.

Action Items:

Continue tracking current measures.

Goal #5 FY 26

Ninety 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	91% 17 of 17	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%	See Below	97% 10 of 10	N/A	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Educational Partnership staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	97% 1 of 1	N/A	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	96% 48 of 114	N/A	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	93% 43 of 114	N/A	To track satisfaction

Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Employment Services Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	89% 36 of 42	N/A	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	99% 5 of 60	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	See Below	100% 5 of 83	N/A	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	92% 21 of 35	N/A	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% 9 of 23	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	See Below	100% 5 of 83	N/A	To track satisfaction

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)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	92% 48 of 72	N/A	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%	See below	91%	N/A	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%	See Below	92%	N/A	To track satisfaction

Stratagies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace 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 deparments yearly. Dissatisfaction in relation to families, providers, employers, persons served, and the board are immediately addressed. In regard to staff

dissatisfaction, during monthly staff meetings, staff collaberate to come up with resolutions to implement agency wide.

Circumstances influencing results:

Survey results are collected and reported on an annual basis. As such, updated data will not be available until the completion of the current survey cycle and will therefore be reflected in the next PEMR reporting period.

Goal #6 FY 26
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	3	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	25	18	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%	49%	50%	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%	99%	98%	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%	100%	99%	Achieved	To track training percentages for staff and efficiency of bringing new staff into compliance

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace 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:

Continue tracking current measures.

Safety Summary

Over the past six months, the number of preventable slips, trips, and falls has remained consistent; however, The Arc continues to perform below the established target. To maintain and improve safety, The Arc provides ongoing training and resources to all staff. For instance, all employees receive annual training on slip, trip, and fall prevention. Additionally, if concerning trends emerge, a team meeting is held to assess the situation, develop strategies, and implement measures to reduce the risk of falls.

Examples of safety-related incidents include instances of physical aggression towards others and minor vehicle accidents. The Arc remains committed to enhancing training and staffing strategies to mitigate these risks and prevent similar incidents in the future.

Reportable Incident Analysis

During the reporting period, there were twelve reportable incidents, including three incidents related to abuse. Additionally, 10 incidents involved emergency room visits, urgent care visits, or EMS evaluations. The number of such incidents have continued to decrease following a transition to a new nursing agency, which has demostrated a stronger alignment with the specific needs of the individuals we support. This agency's involvement has contribued to improved health outcomes and a reduction in emergency-related incidents. Emergency room visits were recorded acorss the Residential Program and Day Program with 90% occurring in the Residential Program.

Six 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. There were three deaths that occurred between July 1, 2025 – December 31, 2025.

There were zero serious vehicle accidents between July 1, 2025 – December 31, 2025. There were 3 minor vehicle accidents that occurred during this timeframe. None of the staff or individuals required treatment from the emergency room or urgent care. Examples of minor accidents that occurred include rear ending a vehicle or being rear ended.

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