Program Evaluation Management Report

THE ARC CARROLL COUNTY
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www.arccarroll.org

Program Evaluation Management Report

January 1, 2026 – June 30, 2026

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.

Table of Contents

Message from the Executive Director

"Without leaps of imagination or dreaming, we lose the excitement of possibilities. Dreaming, after all, is a form of planning."
— Gloria Steinem

When I was growing up, the women's movement was gaining tremendous momentum. Women were standing up for their rights and realizing their potential to become active leaders in politics, business, and their communities—roles that had long been reserved primarily for men. Gloria Steinem was one of the movement's most influential voices, challenging society to see women as far more than homemakers and caregivers. Thankfully, people began to recognize the many contributions women could make when given the opportunity to lead.

Today, women serve in leadership roles throughout communities across the country, including here in Carroll County, where they are making a difference in business, government, education, and nonprofit organizations.

I was drawn to this quote because it perfectly captures what has been happening at The Arc over the past six months. Conversations that began as ideas and dreams are steadily becoming reality. Watching those possibilities take shape is both exciting and inspiring.

One of the most significant milestones has been the Board of Directors' approval of our updated Strategic Plan. This plan provides a clear roadmap for moving The Arc forward through five key initiatives:

- **Implement a Robust and Forward-Looking Technology Strategy** – Intentionally leverage technology to enhance service delivery, improve operational efficiency, and support innovation while remaining grounded in ethics, accessibility, and person-centered values.
- **Conduct a Feasibility and Capacity Planning Initiative** – Proactively assess current and future space, programmatic, and housing needs to ensure sustainable growth and responsive services.
- **Strengthen and Leverage Strategic Community Partnerships** – Cultivate meaningful partnerships that expand our impact, strengthen services, and clearly demonstrate The Arc's value to the broader community.
- **Build a Training, Career Ladder, and Succession Planning Model** – Invest in our people by developing future leaders, creating transparent career pathways, and ensuring organizational continuity and excellence.
- **Embed Person-Centered Values into Our Organizational Culture** – Ensure person-centered values are reflected in our hiring practices, workplace culture, service delivery, and daily decision-making across the organization.

Beyond strategic planning, our housing project continues to move forward, with a target completion date of November or December. I have been overwhelmed by the level of support from our community, local businesses, and partners. It is truly inspiring to see so many people come together to create beautiful homes where people with disabilities can live with dignity, independence, and a strong sense of belonging.

I am equally grateful for the feedback we receive from those we serve. Our annual satisfaction surveys continue to show that our stakeholders value The Arc and the services we provide. Every day, staff across our organization are making a meaningful difference in the lives of individuals and families who have entrusted us with their support. That is both rewarding and motivating.

As we look ahead, we will continue to dream boldly, plan intentionally, and work together to turn those dreams into reality. After all, as Gloria Steinem reminds us, dreaming is one of the first and most important steps in planning for a better future.

Don Rowe
Executive Director
July 20, 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.

Meaningful Day Services

Number of People Receiving Supports

As of June 30, 2026:

- 112 DDA Traditionally Funded
- 8 Self-Directed Funded
- 12 Vocational DORS Non-DDA Funded
- 4 Vocational DORS DDA Funded
- 2 WBLEs
- 16 DORS Summer Youth (SYE)

As of December 31, 2025:

- 112 DDA Traditionally Funded
- 7 Self-Directed Funded
- 10 Vocational DORS Non-DDA Funded
- 3 Vocational DORS DDA Funded
- 1 WBLE
- 16 DORS Summer Youth (SYE)

Changes: 1 people joined (DDA Traditionally Funded)
1 joined Self-Directed
1 person 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	10 for '25-'26 school year	4 '24-'25 school year	Achieved	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	12	13	26	Achieved	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	10	See Below	16	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 SYE students	Semi Annually	Progress Notes	Job Developer	1	See Below	1	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	5	5	2	Achieved	To measure the program's reach, sustainability, and community

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

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:

"Number of SYE students placed in a work-based experience" and "Number of students that obtained paid employment through SYE" results will be in the next PEMR as SYE is in progress.

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 measures.

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	4	See Below	4	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	1	0	1	Not Achieved	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%	48% 43 of 89	52% 50 of 96	Not Achieved	To track how effectively the day program 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 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%	60%	50%		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	250	347	300	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	1,548	1,592	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	12,000	12,090	13,567	Achieved	To track the number of hours spent in the community for

	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				5	6	4	Achieved	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%	95% 40 of 42	100% 28 of 28	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	3	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%	83%	82%	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%	100% 4 of 4	33% 1 of 3	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	7	25	Not 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	34	33	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	31	30	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:

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 June 30, 2026:

- 22 Residential
- 59 Personal Supports
- 2 Supported Living
- 7 Shared Living

As of December 31, 2025:

- 22 Residential
- 59 Personal Supports
- 2 Supported Living
- 7 Shared Living

Changes:

3 people left support services
3 people joined support services
2 person left residential services
2 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%	40% 27 of 67	44% 11 of 25	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%	56%	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	3	7	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	5	14	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 community-based activities people took part in	All people receiving personal supports	Semi-annual	Database	Program Coordinator	200	256	395	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%	100%	84%	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%	100%	89%	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:

"Number of integrated activities individuals participated in" target has been increased.

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%	83% 10 of 12	82% 9 of 11	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% 6 of 9	67% 2 of 3	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%	100% 2 of 2	N/A	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 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%	76%	77%	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%	81%	77%	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%	76%	74%	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%	81%	74%	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	32% 10 of 31	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%	95%	89%	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:

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.

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

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%	95%	91%	Achieved	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%	99%	97%	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%	96%	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	98%	93%	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Employment Services Staff	Annually	Satisfaction Surveys	Director of QA	90%	92%	89%	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	90%	98%	99%	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	95%	100%	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	98%	92%	Achieved	To track satisfaction

Residential Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	All residents	Annually	Satisfaction Surveys	Program Coordinator	95%	96%	100%	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	95%	100%	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	93%	92%	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%	93%	91%	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%	96%	92%	Achieved	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:

None

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	5	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	14	25	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%	49%	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	90%	98%	99%	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	100%	98%	100%	Not 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:

“Percentage of all staff with required DDA training” target has been updated to reflect state and federal regulation.

Action Items:

Continue tracking current measures.

Safety Summary

During this reporting period, the number of preventable slips, trips, and falls decreased slightly from six incidents in the previous reporting period to five incidents. While this represents a modest improvement, The Arc remains committed to reducing preventable falls through proactive prevention efforts. All employees continue to receive annual training on slip, trip, and fall prevention, and trends are monitored on an ongoing basis. When concerning patterns are identified, leadership collaborates with the appropriate team to review contributing factors, develop corrective strategies, and implement interventions aimed at reducing future occurrences.

Examples of safety-related incidents during this reporting period included injuries and incidents involving physical aggression. The Arc's Safety Committee meet every other month to review safety-related incidents, identify trends, evaluate root causes, and recommend system-wide improvements. Through ongoing staff training, environmental assessments, and continuous quality improvement efforts, The Arc remains committed to fostering a safe environment for the people it supports, employees, and visitors.

Reportable Incident Analysis

During the reporting period, there were 12 reportable incidents, including one incident related to abuse.

Additionally, 23 incidents involved emergency room visits, urgent care visits, or EMS evaluations. These incidents included 6 emergency room visits in the Day Program, 9 emergency room visits in Residential Services, 5 urgent care visits in Residential Services, 1 EMS evaluation in Residential Services, and 2 urgent care visits in Supported Living. While there was an overall increase in emergency-related incidents compared to the pervious reporting period, several individuals experienced significant declines that resulted in emergency room visits prior to transitioning to hospice. These circumstances contributed to the increase and do not inidicate a systemic trent in quality or service delivery.

There were six hospitalizations reported during the reporting period. At the end of the reporting period, none of the individuals remained hospitalized.

There were two deaths between January 1, 2026 and June 30, 2026. Both individuals were receiving hospice services at the time of their passing.

There were zero serious vehicle accidents during the reporting period. One minor vehicle accident occurred in which two vehicles brushed against one another. No staff

or individuals support required evalution or treatment at an emergency room or urgent care.

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.