

Quality

Assurance

Plan

ANNUAL REPORT
2008



*Annual Report
The Arc of Baltimore
Quality Assurance Plan
2008: January 1, 2008-December 31, 2008*

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Opening Remarks

Another year has gone by and more data has been collected. The Quality Enhancement Committee continues to explore ways to enhance the quality of services by examining the data and looking for trends.

In June, 2008, The Arc of Baltimore received its second three-year accreditation from CARF. CARF gave The Arc of Baltimore 2 Exemplaries for the database and the Meaningful Outcome interviews conducted by the Board of Directors.

I would like to thank all of the staff involved in providing quality supports to people as well as those staff who are responsible for the data collection process. I would also like to thank all of the committees involved in the QE process, especially the Quality Enhancement Committee and Human Rights Committee.

Human Rights/ Standing Committee:

*Bob Davison, Chair, Board Member Captain Richard Weih, Community Member
Mike Marshall, Staff Liaison, QA Bernie Staab, Staff, Employment
Colleen McGraw, Self Advocate
Olu Fatodu, Staff, Community Living*

Quality Assurance Committee:

*Dr. Gordon Bonham, Chair, Board Member Sean O'Connor, Board Member
Janet Mayer, Board Member Mike Marshall, Staff Liaison, QA
Joseph Anastasio, Staff, Family & Children Sly Bieler, Staff, Day Services
Don Watts, Staff, Contract Services Jerry Bullinger, Staff, Employment
Jonathan Ferrell, Staff, Safety Kathleen Durkin, Staff, Quality Supports*

Risk Management Committee

*Jonathan Ferrell, Staff, Chair, Safety Marti Ivey, Staff Support
Aaron Julian, Staff, Maintenance William Gilmartin, RCM&D
Sly Bieler, Staff, Day Services Don Watts, Staff, Contract Services
Jerry Bullinger, Staff, Employment Kathleen Durkin, Staff, Quality Supports
Alan Campbell, Staff, Transportation Libby Bryant, Staff, Purchasing
Peggy McLhinney, RCM&D Stacey Markel, RCM&D
Bernie Staab, Staff, Employment Greg Derwart, COO
Joseph Anastasio, Staff, Family & Children*

Individual Plan Committee

Mike Marshall, Chair, Quality Supports Aaron Atkinson, Community Living
Linda Germano, Psychology Cathy Otterbein, Day Services
Dimitra Vega, Employment Services Kathy Ardoin, Training

Support Strategies Committee

Mike Marshall, Chair, Quality Supports Linda Germano, Psychological Services
Jonathan Ferrell, Safety Lori Miller, Community Living
Ann Marie Angarita, Employment

CARF Leadership Team

Mike Marshall, Chair, Quality Supports Don Watts, Contract Services
Carol Brockmeyer, Employment Services Lori Miller, Community Living
Ron Christian, Community Living Dele Sangodeyi, Community Living
Sly Bieler, Day Services Aaron Atkinson, Community Living
Kathleen Durkin, Quality Supports Jonathan Ferrell, Safety

QA Interviewers

Dr. Gordon Bonham, Board Member Sean O'Connor, Board Member
Janet Mayer, Board Member Linda Carroll, Self-advocate
Jonathan Ferrell, Training Joseph Anastasio, Family & Children
Doris Rowe, Self-advocate Mike Marshall, Quality Supports

Annual
Goal Status
And
Graphs

Applied to: All Adult Services

1) Categories of Measure: Number of non-paid relationships in individual's life

Goal: Increase from corresponding quarter of last year (to correlate with IP dates)

Status: 2007, average of 6.9 relationships with 60% of the data missing
2008, average of 6.7 relationships with 0% of the data missing.

2) Categories of Measure: Percentage of IP outcomes accomplished

Goal: 90% accomplished

Status:

Q1

Ajo – 100% goals – 100% strategies

Milestones – 100% goals – 100% strategies

Excel – 100% goals – 100% strategies

Infinite Vision – 100% goals – 100% strategies

Employment – 14% goals – 32% strategies

Q2

Ajo – 0% goals – 20% strategies

Milestones – 100% goals – 100% strategies

Excel – 33% goals – 38% strategies

Infinite Vision – 14% goals – 12% strategies

Employment – 21% goals – 48% strategies

Q3

Ajo – 100% goals – 100% strategies

Milestones – 100% goals – 97% strategies

Excel – 57% goals – 77% strategies

Infinite Vision – 100% goals – 100% strategies

Employment – 29% goals – 66% strategies

Arc - 53% goals- 74% strategies

Q4

Ajo – 100% goals – 100% strategies

Milestones – 100% goals – 97% strategies

Excel – 100% goals – 100% strategies

Infinite Vision – 0% goals – 100% strategies

Employment – 79% goals – 98% strategies

3) Categories of Measure: Decrease in level of restriction in Behavior Support Plans

Goal: Reduction

Status: There are currently 13 plans with restrictions. There were 12 plans with restrictions in the beginning of the year.

4) Categories of Measure: Percentage of targeted behaviors in Behavior Support Plans

Goal: Improvement shown in plans

Status: 84 % of the BSP's showed improvement this year. Last year 84 % of plans showed improvement.

5) Categories of Measure: Percentage of meaningful outcomes

Goal: 80% satisfied

Status: 81 % of the individuals were satisfied with their outcomes.

6) Categories of Measure: Percentage of data collected for behavior Support Plans

Goal: 95% of the data

Status: 98 % of data was collected for the year. 100% of the data was collected in 2007.

7) Categories of Measure: Percentage of Internal Incidents

Goal: 10% reduction

Status: The number of internal incidents increased by 53% from last year.

8) Categories of Measure: Percentage of reportable incidents (includes Foster Care)

Goal: 10% reduction

Status: The number of reportable incidents increased by 21% over last year.

9) Categories of Measure: Percentage of Appendix 7's completed on time

Goal: 95% of reports

Status: 35 % of Appendix 7 reports were submitted on time.

10) Categories of Measure: Percentage of medical appointments on time

Goal: 88% of appointments

The Arc Responsible

Status: For Team Ajo, 71% of appointments completed (904 of 1278) were completed on time. As of 1/24/09, 81 appointments were overdue.

20% late within Arc control
80% late not within Arc control

Status: For Team Excel, 72% of appointments completed (1075 of 1503) were completed on time. As of, 1/24/09, 128 appointments were overdue.

22% late within Arc control
78% late not within Arc control

Status: For Team Infinite Vision, 66% of appointments completed (839 of 1265) were completed on time. As of 1/24/09, 105 appointments were overdue.

29% late within Arc control
71% late not within Arc control

Status: For Team Milestones, 72% of appointments completed (1194 of 1651) were completed on time. As of 1/24/09, 77 appointments were overdue.

27% late within Arc control
73% late not within Arc control

Status: In Employment Services, 72% of appointments completed (3192 of 4433) were completed on time. As of 1/24/09, 367 appointments were overdue.

26% late within Arc control
74% late not within Arc control

Caregiver Responsible

Status: In Team Ajo where the Arc is not the responsible party, 78% of appointments completed (392 of 504) were completed on time. As of 1/24/09, 63 appointments were overdue.

6% late within caregiver control
94% late not within caregiver control

Status: In Team Excel where the Arc is not the responsible party, 83% of appointments completed (217 of 263) were completed on time. As of 1/24/09, 20 appointments were overdue.

87 late not within caregiver control
17% late within caregiver control

Status: In Team Infinite Vision where the Arc is not the responsible party, 80% of appointments completed (140 of 175) were completed on time. As of 1/24/09, 32 appointments were overdue

9% late within caregiver control
91% late not within caregiver control

Status: In Team Milestones, 77% of appointments completed (273 out of 354) were completed on time. As of 1/24/09, 22 appointments were overdue.

12% late within caregiver control
88% late not within caregiver control

Status: In Employment where the Arc is not the responsible party, 80% of appointments completed (1576 of 1968) were completed on time. As of 1/24/09, 1186 appointments were overdue.

7% late within caregiver control
93% late not within caregiver control

11) Categories of Measure: Percentage of participants overall satisfaction with services

Goal: 80% answer 2 or 3 on question # 10

Status: 97% of participants are satisfied with services compared to 99% last year

12) Categories of Measure: Percentage of satisfied customers

Goal: fewer than 5 complaints per month

Status: There were 5 complaints this year.

13) Categories of Measure: Caregiver overall satisfaction with services

Goal: 80% answer 2 or 3 on question # 10

Status: 100% of caregivers are satisfied with services

14) Categories of Measure: Percentage of citations during DDA visit

Goal: Fewer citations than previous survey

Status: There were 4 visits in CL with 26 citations.
There were 2 visits in Employment with 3 citations.
There was 1 visit in Day Services with 7 citations.

15) Categories of Measure: Time between funded date and effective date

Goal: 90% of referred individuals will start services on the effective date

Status: 65% of referred individuals received services on time. Last year it was 84%.

16) Categories of Measure: Decrease in the number of behavior support plans

Goal: Reduction

Status: Currently, there are 59 BSP's. This is the same as last year.

17) Categories of Measure: Ask me! Scores

Goal: Improved scores from last survey

Status: see Graphs

18) Categories of Measure: Percentage of vehicle accidents

Goal: 10% reduction

Status: There were 84 vehicle accidents this year. There were 80 accidents in 2007.

19) Categories of Measure: Percentage of Accident/Injury Reports submitted on time

Goal: 90% of reports submitted within 3 days of the accident

Status: 82% of reports were submitted on time compared to 78% last year

20) Categories of Measure: Reduce the turnover rate for mid-level management and direct care positions

Goal: Reduction

Status: (see graph)

21) Categories of Measure: Percentage of staff completing required training within the required time frame

Goal: 90% of staff will complete required training on time

Status: There were 125 staff suspended for not completing required training on time compared to 130 last year.

22) Categories of Measure: Percentage of individuals who leave the agency that were dissatisfied with services

Goal: 10% of the individuals who leave the agency

Status: 20% of individuals who left the agency were dissatisfied with services

Applied to: Foster Care

1) Categories of Measure: Percentage of foster children being visited by a CSW within 24 business hours of placement

Goal: 80% compliance

Status: 100% of all children placed were visited within 24 hours

2) Categories of Measure: Percentage of incident reports completed within 24 business hours of notification of incident.

Goal: 90% compliance

Status: 83% of incident reports were completed within 24 hours of the incident compared to 78% last year.

3) Categories of Measure: Percentage of foster children medicals completed on time

Goal: 50% compliance

Status: 96% of children received their medicals on time.

4) Categories of Measure: Percentage of foster children dentals completed on time

Goal: 50% compliance

Status: 86% of children received their dentals on time.

5) Categories of Measure: Percentage of foster parent medical assessments and testing completed on time **TB**

Goal: 70% compliance

Status: 88% of parents received their physicals on time and 85% of parents received their PPD on time.

6) Categories of Measure: Percentage of foster parent child CPR training completed on time

Goal: 70% compliance

Status: 90% of parents received child CPR on time

7) Categories of Measure: Percentage of foster parent 1st Aid training completed on time

Goal: 70% compliance

Status: 95% of parents received first aid training on time

8) Categories of Measure: Percentage of foster parent adult CPR training completed on time

Goal: 70% compliance

Status: 91% of parents received adult CPR on time.

9) Categories of Measure: Percentage of Incident reports completed on time

Goal: 70% compliance

Status: 85% of incidents reports were completed on time this year

10) Categories of Measure: Percentage of visits completed within 1 day of being admitted into foster care

Goal 80%

Status 100% of visits were completed on time

Applied to: Employment Services

1) Categories of Measure: Number of individual placements

Goal: increase by 25

Status: There was an average of 120 individuals in individual placements compared to 115 for 2007.

2) Categories of Measure: Number of individuals in community based employment

Goal: Provide community based employment to 25% of individuals attending day centers

Status: There was an average of 39 individuals working in community based employment per center per quarter compared to 25 last year.

3) Categories of Measure: Percentage of participants happy with current jobs

Goal: 80% answer 2 or 3 on Question #10 of the satisfaction survey.

Status: 97% of participants surveyed were happy with their current jobs

4) Categories of Measure: Percentage of participants happy with transportation to and from work

Goal: 80% answer 2 or 3 on Question #10 of the satisfaction survey.

Status: 97% of participants surveyed were happy with transportation

5) Categories of Measure: Increase attendance of supervisors and job coaches at IP meetings

Goal: 90% attendance

Status: 92% of supervisors attended IP meetings this year compared to 85% last year.

6) Categories of Measure: Increase the stability of supervisor-employee relationship in landscape services

Goal: 75% have the same supervisor each quarter

Status: 71% of individuals in Landscape had the same supervisor this year compared to 73% last year.

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Internally Investigated Analysis by Month/Year:

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Annual
FY 2004	11	12	12	11	11	3	12	16	14	9	7	6	124
FY 2005	9	16	13	11	4	8	10	4	18	9	7	13	122
FY 2006	15	25	20	17	16	13	12	7	27	10	6	9	177
2007	17	11	9	17	6	10	3	5	6	12	14	8	118
2008	9	12	27	46	33	35	10	14	8	14	23	9	240

Please note: Numbers will differ from those reported quarterly due to late submission. The numbers presented above represent actual occurrences in the given month (not date information submitted). Also, there were significant changes in the DDA policy that led to higher numbers of Internal Incidents.

*Internally Investigated Analysis by Department and Type of Incident:
Community Living Services*

Type of Incident	FY04	FY05	FY06	Cal 07	C08	Details for Cal 08
<i>Abuse Allegations (by an individual who repeatedly makes false allegations)</i>	0	0	0	0	0	
<i>Hospitalizations (for chronic problems)</i>	16	7	54	61	59	59 ER treatments
<i>Injuries</i>	15	10	16	8	54	
<i>Absence</i>	0	4	2	2	3	
<i>Medication Errors</i>	70	70	50	19	22	
<i>Theft</i>	1	0	1	0	1	
<i>Police</i>	0	1	4	3	0	
<i>Other</i>	2	4	16	7	36	
<i>Total</i>	106	98	143	100	175	

Supported Employment Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY08
Hospitalizations (for chronic problems)	0	1	0	3	2	10 ER visits
Injuries	2	0	2	2	9	On the job
Absence	0	0	0	0	0	
Medication Errors	0	0	0	0	0	
Other			3	2	6	
Total	2	1	5	7	17	

Landscape and Janitorial Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY08
Injuries	8	7	0	2	7	1 ER visit
Suspensions	0	4	0	0	0	
Other	1	1	2	4	21	
Total	9	12	2	6	28	

**included in Employment Services for FY02 and FY03*

Day Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY08
Abuse	0	1	0	0	0	
Hospitalizations (for chronic problems)	1	2	5	2	6	6 ER treatments
Injuries	0	2	3	0	3	3 at the program
Absence without notification	0	0	0	0	0	
Medication Errors					0	
Other					11	
Total					20	

Medical Day Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for FY08
Hospitalizations (for chronic problems)	1	1	1	2	0	
Injuries	1	3	2	0	0	
Suspensions	0	1	0	0	0	
Other	1	0	8	0	0	
Total	3	5	14	2	0	

** included in Day Services for FY02 and FY03*

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Serious Reportable Analysis by Month/Year:

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Annual
FY 2004	41	26	24	40	14	15	34	37	35	38	41	34	379
FY 2005	36	34	24	31	31	36	35	29	29	27	32	22	366
FY 2006	15	10	21	30	13	31	21	19	26	27	34	22	269
CY2007	21	24	16	18	11	8	17	17	27	24	31	19	233
CY2008	10	21	28	33	30	27	14	14	30	32	26	20	285

Please note: Numbers will differ from those reported quarterly due to late submission. The numbers presented above represent actual occurrences in the given month (not date information submitted).

Serious Reportable Analysis by Department and Type of Incident:

Community Living Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY 08
Abuse Allegations	10	10	6	8	11	8 substantiated
Neglect Allegations	10	6	1	6	8	7 substantiated
Hospitalizations (for non-chronic problems)	97	133	45	75	57	52 admissions
Injuries	8	5	2	4	7	
911/Fire	24	20	12	11	18	
Deaths	4	12	5	4	4	
Medication Errors	6	2	0	7	1	
Communicable disease	2	1	0	0	1	
Theft	6	3	3	5	9	
Absence	2	6	0	3	5	
Restraint	0	1	1	2	0	
3 rd Internal Incident	1	0	0	0	0	
Other	4	3	9	6	15	
Total	174	202	84	130	136	

Supported Employment Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY08
Abuse Allegations	6	2	2	3	0	
Neglect					5	4 - Substantiated against staff
Hospitalizations	7	7	4	6	2	
Injuries	9	1	0	0	0	
911/Fire	5	5	4	0	1	
Deaths	1	0	2	2	2	
Medication Errors	0	0	0	0	0	
Theft	0	1		0	0	
Absence	1	0	0	0	0	
Other	3	0	3	0	2	
Total	32	16	15	11	12	

Landscaping and Janitorial Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY08
Abuse Allegations	14	2	1	0	3	3- Substantiated against staff
Neglect Allegations	2	0	5	0	0	
Hospitalizations	6	4	1	0	1	
Injuries		2	2	0	0	
911/Fire	18	5	7	0	0	
Suspensions	0	1	0	0	0	
Other	1	0	2	0	0	
Total	43	14	17	0	4	

*included in Employment Services for FY02 and FY03

Day Services

Type of Incident	FY04	FY05	FY06	CY07		Details for CY07
Abuse Allegations	4	7	8	1	2	1 substantiated staff
Neglect Allegations	0	3	2	0	0	
Hospitalizations	19	27	18	3	4	
Injuries	9	2	3	0	1	
911/Fire	19	0	12	0	4	
Deaths	2	3	5	1	0	
Medication Errors	0	0	0	0	0	
Communicable disease	1	0	0	0	0	
Theft	1	0	0	0	0	
Absence	0	0	0	0	0	
Other	2	5	6	1	0	
Total	57	47	54	6	11	

Medical Day Services

Type of Incident	FY04	FY05	FY06	CY07	CY08	Details for CY08
Abuse Allegations	1	0	0	0	0	
Neglect	0	1	0	0	0	
Hospitalizations	3	1	0	3	1	1 admission
Injuries	0	1	1	0	0	
Other			2	0	0	
Total	4	3	3	3	1	

* included in Day Services for FY02 and FY03

Foster Care

Type of Incident	FY04*	FY05	FY06	CY07		Details for CY08
Abuse Allegations	3	3	10	7	5	1 allegation against another provider 4 - substantiated
Neglect					1	
Hospitalizations	14	24	28	29	19	24 ER treatments 5 admissions
Injuries	6	4	1	4	20	3 at home
911/Fire	3	5	3	2		2 reports taken
Theft	1	0	1	2	2	
Absence	8	3	0	0		
Runaway	0	6	10	15	9	
Suspensions	15	10	17	2	5	
Other	19	19	26	21	60	
Total	69	84	96	82	121	

Vehicle Incidents and Accidents by Year:

Annual

Annual Vehicle Accident Summary

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Annual
FY 2004	10	8	6	6	5	5	3	6	0	4	5	3	61
FY 2005	5	7	5	1	4	3	6	8	8	1	7	3	58
FY 2006	7	6	9	7	8	10	4	5	6	10	3	5	80
CY 2007	2	8	5	6	11	4	4	6	4	8	7	6	71
CY 2008	4	13	5	8	11	8	6	10	3	3	8	5	84

Annual

Annual Vehicle Incident Summary

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Annual
FY 2004	0	0	3	0	2	1	1	0	0	2	1	3	13
FY 2005	2	1	0	0	0	1	0	0	1	2	1	1	9
FY 2006	2	4	2	0	1	1	2	1	1	1	1	1	17
CY 2007	8	5	0	0	0	0	1	1	1	2	4	1	23
CY 2008	1	6	0	7	2	2	1	1	1	3	2	0	26

FY 2005

Number of Non-Paid Relationships

Total Number of Records	Records with Data		Records without Data		Total Number of Relationships	Average Number of Relationships
	#	%	#	%		
484	170	35%	314	65%	877*	5*

* Numbers exclude records without data.

FY 2006

Number of Non-Paid Relationships

Total Number of Records	Records with Data		Records without Data		Total Number of Relationships	Average Number of Relationships
	#	%	#	%		
1002	593	59%	409	41%	3084*	5.2*

CY 2007

Number of Non-Paid Relationships

Total Number of Records	Records with Data		Records without Data		Total Number of Relationships	Average Number of Relationships
	#	%	#	%		
1016	553	54%	463	46%	3612*	6.5*

CY 2008

Number of Non-Paid Relationships

Total Number of Records	Records with Data		Records without Data		Total Number of Relationships	Average Number of Relationships
	#	%	#	%		
1061	1061	100%	0	0%	7154*	6.7*

FY 2004

Annual Medical Appointments Summary

	Residential	CSLA (Arc responsible)	CSLA (caregiver)
Appointments Due	1690	1388	118
Appointments Completed	1663	1681	133
Appointments Late	275	280	32
Appointments Overdue	409	119	43
Appointments Outstanding	1098	526	91

FY 2005

Annual Medical Appointments Summary

FY 2005	The Arc Responsible				Caregiver Responsible			
	CL East	CL West	Emp	Day	CL East	CL West	Emp	Day
Appointments Due*	2520	2498	1992	1949	47	130	332	449
Appointments Completed*	3048	2793	2388	2298	81	183	462	646
Appointments Late	555	594	496	414	12	26	60	82
Appointments Outstanding	713	781	663	634	39	61	518	615
Appointments Overdue	163	231	181	161	12	22	241	239
% Completed On Time	82%	96%	79%	82%	68%	86%	87%	87%

*The number of "appointments completed" is greater than the number of "appointments due" because some appointments were completed earlier than necessary or had no "needed date" entered.

FY 2005		The Arc Responsible				Caregiver Responsible			
		CL East	CL West	Emp	Day	CL East	CL West	Emp	Day
Late Within Control	#	140	180	162	95	0	5	4	3
	%	25%	30%	33%	23%	0	19%	7%	4%
Not Within Control	#	412	411	330	317	12	21	56	77
	%	74%	69%	67%	77%	100%	81%	93%	94%
No reason given	#	3	3	0	0	0	0	0	2
	%	1%	1%	0	0	0	0	0	2%

FY 2006

Annual Medical Appointments Summary

FY 2006	The Arc Responsible				Caregiver Responsible			
	CL East	CL West	Emp	Day	CL East	CL West	Emp	Day
Appointments Due*	2823	2759	1993	2213	57	166	502	772
Appointments Completed*	3312	3129	2391	2445	81	148	628	681
Appointments Late	627	635	486	464	14	26	116	167
Appointments Outstanding	875	870	730	767	52	89	754	829
Appointments Overdue	145	167	168	200	26	56	383	485
% Completed On Time	81%	84%	80%	81%	83%	82%	82%	75%

*The number of "appointments completed" is greater than the number of "appointments due" because some appointments were completed earlier than necessary or had no "needed date" entered.

FY 2006		The Arc Responsible				Caregiver Responsible			
		CL East	CL West	Emp	Day	CL East	CL West	Emp	Day
Late Within Control	#	110	136	117	73	1	2	4	3
	%	18%	21%	24%	16%	7%	8%	3%	2%
Not Within Control	#	501	489	356	384	12	23	106	164
	%	80%	77%	73%	83%	86%	88%	91%	98%
No reason given	#	16	10	13	7	1	1	6	0
	%	2%	2%	3%	1%	7%	4%	6%	0%

CY 2007

Annual Medical Appointments Summary

CY 2007	The Arc Responsible					Caregiver Responsible				
	Team Ajo	Team Excel	Team Infinite Vision	Team Milestones	EMP	Team Excel	Team Infinite Vision	Team Milestones	Team Ajo	EMP
Appointments Due*	1370	1529	1189	1462	3977	118	95	47	84	810
Appointments Completed*	1534	915	1275	1649	4397	123	88	88	108	1141
Appointments Late	375	434	370	445	1169	27	22	17	21	209
Appointments Outstanding	552	512	398	507	1530	68	69	56	65	1895
Appointments Overdue	240	226	172	232	733	46	48	25	42	1250
% Completed On Time	76%	53%	71%	73%	73%	78%	75%	81%	81%	82%

*The number of "appointments completed" is greater than the number of "appointments due" because some appointments were completed earlier than necessary or had no "needed date" entered.

CY 2007		The Arc Responsible					Caregiver Responsible				
		Ajo	Excel	IV	MS	Emp	Ajo	Excel	IV	MS	EMP
Late Within Control	#	70	52	93	90	228	1	2	6	2	6
	%	19%	11%	25%	20%	20%	5%	7%	27%	12%	29%
Not Within Control	#	288	380	254	326	887	20	23	15	14	198
	%	77%	88%	67%	73%	76%	95%	85%	68%	82%	47%
No reason given	#	17	1	23	29	54	0	2	1	1	5
	%	4%	.02%	8%	7%	4%	0	8%	5%	6%	24%

CY 2008

Annual Medical Appointments Summary

2008	The Arc Responsible					Caregiver Responsible				
	Team Ajo	Team Excel	Team Infinite vision	Team Miles tones	EMP	Team Ajo	Team Infinite Vision	Team Miles tones	Team Excel	EMP
Appointments Due*	1278	1503	1265	1651	4433	504	175	354	263	1968
Appointments Completed*	904	1075	839	1194	3192	392	140	273	217	1576
Appointments Late	374	428	426	457	1241	112	30	81	46	392
Appointments Outstanding	397	431	425	517	1455	124	46	60	37	1509
Appointments Overdue	81	128	105	77	367	63	32	22	20	1186
% Completed On Time	71%	72%	66%	72%	72%	78%	80%	77%	83%	80%

*The number of "appointments completed" is greater than the number of "appointments due" because some appointments were completed earlier than necessary or had no "needed date" entered.

CY 2008		The Arc Responsible					Caregiver Responsible				
		Ajo	Excel	IV	MS	Emp	Ajo	Excel	IV	MS	EMP
Late Within Control	#	73	95	101	122	325	7	7	3	10	29
	%	20%	22%	29%	27%	26%	6%	15%	9%	12%	7%
Not Within Control	#	301	330	244	329	919	105	38	32	71	380
	%	80%	78%	71%	73%	74%	94%	85%	91%	88%	93%

FY 2005-2006

Behavior Support Plan Data Collection

	<i>FY 05 Q1</i>	<i>FY 05 Q2</i>	<i>FY 05 Q3</i>	<i>FY 05 Q4</i>	<i>FY 06 Q1</i>	<i>FY 06 Q2</i>	<i>FY 06 Q3</i>	<i>FY 06 Q4</i>
Vocational	<i>76%</i>	<i>76%</i>	<i>85%</i>	<i>97%</i>	<i>97%</i>	<i>69%</i>	<i>92%</i>	<i>83%</i>
Employment	<i>100%</i>	<i>71%</i>	<i>89%</i>	<i>89%</i>	<i>80%</i>	<i>91%</i>	<i>100%</i>	<i>100%</i>
Community Living	<i>75%</i>	<i>24%</i>	<i>94%</i>	<i>38%</i>	<i>62%</i>	<i>53%</i>	<i>56%</i>	<i>38%</i>
Totals	<i>78%</i>	<i>61%</i>	<i>89%</i>	<i>76%</i>	<i>84%</i>	<i>70%</i>	<i>82%</i>	<i>70%</i>

** Residential and Support Services were combined into Community Living.*

CY 2007

Behavior Support Plan Data Collection

	<i>CY 07 Q1</i>	<i>CY 07 Q2</i>	<i>CY 07 Q3</i>	<i>CY 07 Q4</i>
Employment	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>
Community Living	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

CY 2008

Behavior Support Plan Data Collection

	<i>CY 07 Q1</i>	<i>CY 07 Q2</i>	<i>CY 07 Q3</i>	<i>CY 08 Q4</i>
Employment	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>98%</i>
Community Living	<i>100%</i>	<i>97%</i>	<i>95%</i>	<i>97%</i>
Totals	<i>100%</i>	<i>99%</i>	<i>98%</i>	<i>98%</i>

FY 2005-2006

Annual Reduction in Targeted Behaviors (per IP/BSP)

	FY 05 Q1	FY 05 Q2	FY 05 Q3	FY 05 Q4	FY 06 Q1	FY 06 Q2	FY 06 Q3	FY 06 Q4
Vocational	89%	89%	86%	76%	93%	95%	70%	95%
Employment	83%	100%	88%	73%	100%	100%	67%	86%
Community Living	58%	50%	38%	67%	50%	50%	44%	100%
Totals	78%	77%	70%	75%	85%	87%	63%	94%

* Residential and Community supports were combined into Community Living.

CY 2007

Annual Reduction in Targeted Behaviors (per IP/BSP)

	CY 07 Q1	CY 07 Q2	CY 07 Q3	CY 07 Q4
Employment	79%	83%	82%	86%
Community Living	79%	84%	87%	90%
Totals	79%	84%	85%	88%

CY 2008

Annual Reduction in Targeted Behaviors (per IP/BSP)

	CY 08 Q1	CY 08 Q2	CY 08 Q3	CY 08 Q4
Employment	75%	79%	81%	85%
Community Living	93%	90%	84%	85%
Totals	83%	85%	84%	85%

FY 2004

Annual Behavior Support Plan Summary

	# BSP 7/1/03	# BSP w/ restrictive 7/1/03	# BSP w/ level of restrictive reduced	# BSP w/ level of restrictive eliminated	# BSP Achieved	# BSP Discontinued	# New BSP	#BSP w/ restrictive 6/30/04	% of Individuals with BSP	# BSP 6/30/04	% w/ Restrictive BSP
CSLA	6	3	0	2	0	2	2	2	4%	6	1%
RES	42	7	2	0	7	2	6	9	22%	39	5%
DAY	65	3	0	1	8	3	2	3	12%	56	1%
EMP	10	0	0	0	3	1	1	0	1%	7	0%
Total	123	13	2	3	18	8	11	14	9%	108	1%

FY 2005

Annual Behavior Support Plan Summary

	# BSP 7/1/04	# BSP w/ restrictive 7/1/04	# BSP w/ level of restrictive reduced	# BSP w/ level of restrictive eliminated	# BSP Achieved	# BSP Discontin ued	# New BSP	#BSP w/ restrictive 6/30/05	% of Individuals with BSP	# BSP 6/30/05	% w/ Restrictive BSP
CL	45	11	0	0	1	0	0	8	14%	43	3%
DAY	56	3	0	0	0	1	1	4	12%	56	1%
EMP	7	0	0	0	0	0	0	0	2%	10	0%
Total	108	14	0	0	1	1	1	12	9%	109	1%

FY 2006

Annual Behavior Support Plan Summary

	# BSP 7/1/05	# BSP w/ restrictive 7/1/05	# BSP w/ level of restrictive reduced	# BSP w/ level of restrictive eliminated	# BSP Achieved	# BSP Discontin -ued	# New BSP	#BSP w/ restrictive 6/30/06	% of Individuals with BSP	# BSP 6/30/06	% w/ Restrictive BSP
CL	43	8	1	3	9	3	4	7	12%	35	2%
DAY	56	4	1	0	4	4	2	4	11%	49	0%
EMP	10	0	0	0	5	1	1	0	1%	6	9%
Total	109	12	2	3	18	8	7	11	7%	90	1%

FY 2007

Annual Behavior Support Plan Summary

	# BSP 1/1/07	# BSP w/ restrictive 1/1/07	# BSP w/ level of restrictive reduced	# BSP w/ level of restrictive eliminated	# BSP Achieved	# BSP Discontin- ued	# New BSP	#BSP w/ restrictive 12/31/07	% of Individuals with BSP	# BSP 12/31/0 7	% w/ Restrictive BSP
CL			0	0	2	0	3	10	10%	29	3%
EMP			0	1	11	4	5	2	3%	33	<1%
Total	79	7	0	1	23	4	10	12	5%	62	<1%

FY 2008

Annual Behavior Support Plan Summary

	# BSP 1/1/08	# BSP w/ restrictive 1/1/08	# BSP w/ level of restrictive reduced	# BSP w/ level of restrictive eliminated	# BSP Achieved	# BSP Disconti n-ued	# New BSP	#BSP w/ restrictive 12/31/08	% of Individuals with BSP	# BSP 12/31/08	% w/ Restricti ve BSP
CL	29	6	0	0	2	2	1	10	3%	26	3%
EMP	30	1	0	0	0	2	5	3	1%	33	<1%
Total	7959	12	0	0	2	4	6	13	1%	59	<1%

FY 2005

Individuals in Day Services who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
1	4	7	13	6

FY 2006

Individuals in Day Services I who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
60	61	68	81	68

CY 2007

Individuals in Day Services who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
86	101	124	117	107

CY 2008

Individuals in Day Services who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
165	145	158	153	155

FY 2005

Individuals in Day Services who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
1	4	7	13	6

FY 2006

Individuals in Day Services I who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
60	61	68	81	68

CY 2007

Individuals in Day Services who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
86	101	124	117	107

CY 2008

Individuals in Day Services who participated in Community Based Employment

Q1	Q2	Q3	Q4	Average
165	145	158	153	155

FY 2005

21-Day Incident Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Due	94	119	111	111	435
Reports Completed on time	73	91	90	88	342
% Completed On time	78%	76%	81%	79%	79%

FY 2006

21-Day Incident Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Due	110	123	103	126	462
Reports Completed on time	52	72	58	80	262
% Completed On time	48%	59%	56%	80%	58%

CY 2007

Appendix 7 Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Due	76	108	98	69	351
Reports Completed on time	33	48	44	44	125
% Completed On time	43%	44%	45%	64%	36%

CY 2008

Appendix 7 Reports Completed on Time

% Completed On time	68%	50%	N/A	33%	35%
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FY 2005

Foster Care Movement Forms Completed on Time

	Q1	Q2	Q3	Q4	Annual
Forms Completed in 24 Hours	5	7	7	13	32
Total Forms	7	8	9	15	39
% Forms Completed on Time	71%	88%	78%	87%	82%

FY 2006

Foster Care Movement Forms Completed on Time

	Q1	Q2	Q3	Q4	Annual
Forms Completed in 24 Hours	12	14	23	13	62
Total Forms	15	20	35	21	91
% Forms Completed on Time	80%	70%	66%	62%	68%

CY 2007

Foster Care Movement Forms Completed on Time

	Q1	Q2	Q3	Q4	Annual
Forms Completed in 24 Hours	No data	3	3	1	7
Total Forms		3	3	1	7
% Forms Completed on Time		100%	100%	100%	100%

CY 2008

Foster Care Movement Forms Completed on Time

	Q1	Q2	Q3	Q4	Annual
Forms Completed in 24 Hours	5	5	9	2	21
Total Forms	5	5	9	2	21
% Forms Completed on Time	100%	100%	100%	100%	100%

FY 2005

Foster Care Incident Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Completed in 24 Hours	11	21	20	23	75
Total Reports	18	24	22	24	88
% Reports Completed on Time	61%	88%	91%	96%	85%

FY 2006

Foster Care Incident Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Completed in 24 Hours	13	17	22	20	72
Total Reports	14	18	30	31	93
% Reports Completed on Time	93%	94%	73%	65%	77%

CY 2007

Foster Care Incident Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Completed in 24 Hours	No data	15	15	12	42
Total Reports	No data	20	20	14	54
% Reports Completed on Time	No data	75%	75%	86%	78%

CY 2008

Foster Care Incident Reports Completed on Time

	Q1	Q2	Q3	Q4	Annual
Reports Completed in 24 Hours	24	29	16	28	97
Total Reports	30	36	19	33	118
% Reports Completed on Time	80%	81%	84%	85%	82%

FY 2005

Complaints per Quarter

Q1	Q2	Q3	Q4	Total Complaints
0	1	1	1	3

FY 2006

Complaints per Quarter

Q1	Q2	Q3	Q4	Total Complaints
1	1	5	2	9

CY 2007

Complaints per Quarter

Q1	Q2	Q3	Q4	Total Complaints
3	0	0	2	5

CY 2008

Complaints per Quarter

Q1	Q2	Q3	Q4	Total Complaints
3	0	2	0	5

FY 2006

Attendance of supervisors and job coaches at IP meetings

Q1	Q2	Q3	Q4	Average Attendance
80%	79%	77%	76%	78%

CY 2007

Attendance of supervisors and job coaches at IP meetings

Q1	Q2	Q3	Q4	Average Attendance
79%	86%	87%	87%	85%

CY 2008

Attendance of supervisors and job coaches at IP meetings

Q1	Q2	Q3	Q4	Average Attendance
85%	98%	97%	97%	85%

FY 2005

Overall Satisfaction of Participants with Services

	Q2		Q4		Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Total Satisfied to Very Satisfied	Total Surveys	Total Percentage
SEP	26	26	22	22	48	48	100%
Janitorial	24	25	26	26	50	51	98%
Landscaping	22	25	23	24	45	49	92%
Day	52	55	31	38	83	93	89%
All Emp and Day	124	131	102	110	226	241	94%
Community Living	46	46	n/a*	n/a	46	46	100%
Agency Average	170	177	102	110	272	287	95%

**No data collected for the Q4 surveys in Community Living*

FY 2006

Overall Satisfaction of Participants with Services

	Annual Totals				
	Satisfied to Very Satisfied	Number of Surveys	Total Satisfied to Very Satisfied	Total Surveys	Total Percentage
SEP	22	22	22	22	100%
Janitorial	0	0	0	0	0
Landscaping	0	0	0	0	0
Day	40	40	40	40	100%
All Emp and Day	62	62	62	62	100%
Community Living	41	42	41	42	98%
Agency Average	103	104	103	104	99%

CY 2007

Overall Satisfaction of Participants with Services

	Annual Totals				
	Satisfied to Very Satisfied	Number of Surveys	Total Satisfied to Very Satisfied	Total Surveys	Total Percentage
Employment	28	28	28	28	100%
Janitorial	25	25	25	25	100%
Landscaping	23	24	23	24	96%
All Emp	76	77	76	77	99%
Community Living	38	38	38	38	100%
Agency Average	114	115	114	115	99%

CY 2008

Overall Satisfaction of Participants with Services

	Annual Totals				
	Satisfied to Very Satisfied	Number of Surveys	Total Satisfied to Very Satisfied	Total Surveys	Total Percentage
Employment	22	24	22	24	92%
Janitorial	26	26	26	26	100%
Landscaping	19	19	19	19	100%
All Emp	67	69	67	69	97%
Community Living	49	51	49	51	96%
Agency Average	116	120	116	120	97%

FY 2005

Satisfaction of Participants with Jobs

	Q2		Q4		Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	24	26	21	22	45	48	94%
Janitorial	24	25	25	26	49	51	96%
Landscaping	22	25	23	24	45	49	92%
All Employment	70	76	69	72	139	148	94%

FY 2006

Satisfaction of Participants with Jobs

	Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	19	22	86%
Janitorial	0	0	0
Landscaping	0	0	0
All Employment	19	22	86%

CY 2007

Satisfaction of Participants with Jobs

	Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	28	28	100%
Janitorial	24	25	96%
Landscaping	22	24	92%
All Employment	74	77	96%

CY 2008

Satisfaction of Participants with Jobs

	Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	23	23	100%
Janitorial	25	26	96%
Landscaping	18	19	95%
All Employment	66	68	97%

FY 2005

Satisfaction of Participants in Employment with Transportation

	Q2		Q4		Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	26	26	22	22	48	48	100%
Janitorial	25	25	26	26	51	51	100%
Landscaping	25	25	24	24	49	49	100%
All Employment	76	76	72	72	148	148	100%

FY 2006

Satisfaction of Participants in Employment with Transportation

	Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	22	22	100%
Janitorial	0	0	0
Landscaping	0	0	0
All Employment	22	22	100%

CY 2007

Satisfaction of Participants in Employment with Transportation

	Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	28	28	100%
Janitorial	25	25	100%
Landscaping	24	24	100%
All Employment	77	77	100%

CY 2008

Satisfaction of Participants in Employment with Transportation

	Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	21	23	91%
Janitorial	26	26	100%
Landscaping	17	17	100%
All Employment	64	66	97%

FY 2004

Annual Percentage of Meaningful Outcomes

	Meaningful (individual) or would have chosen (staff)	Wanted	Progress	Something Else not addressed
Individual	64%	75%	54%	68%
Staff	79%	57%	54%	50%

**20 Individuals supported through Day Programs were interviewed.*

FY 2005

Percentage of Meaningful Outcomes

	Q1 (Community Living)		Q2 (Employment)		Q3 (Day)		Total	
Number Surveyed	20		14		21		55	
	Individual	Staff	Individual	Staff	Individual	Staff	Individual	Staff
Very meaningful	60%	55%	57%	83%	71%	76%	64%	71%
Wanted	55%	60%	64%	50%	67%	81%	62%	65%
Progress	55%	55%	50%	75%	67%	52%	58%	60%
Something else not addressed	30%	45%	71%	50%	62%	33%	53%	42%

**No interviews conducted in Q4*

FY 2006

Percentage of Meaningful Outcomes

	Q1 (Community Living)		Q3 (Day)		Total	
Number Surveyed	12		12		24	
	Individual	Staff	Individual	Staff	Individual	Staff
Very meaningful	63%	82%	70%	76%	64%	71%
Wanted	53%	68%	67%	81%	62%	65%
Progress	53%	45%	67%	52%	58%	60%
Something else not addressed	56%	52%	62%	33%	53%	42%

**No interviews conducted in Q4*

CY 2007

Percentage of Meaningful Outcomes

	Q3 (Day)		Total	
Number Surveyed	12		12	
	Individual	Staff	Individual	Staff
Very meaningful	50%	50%	50%	50%
Wanted	55%	70%	55%	70%
Progress	60%	55%	60%	55%
Something else not addressed	20%	80%	20%	80%

CY 2008

Percentage of Meaningful Outcomes

	Q4 (CL)		Total	
Number Surveyed	11		11	
	Individual	Staff	Individual	Staff
Very meaningful	55%	55%	55%	55%
Wanted	55%	40%	55%	40%
Progress	50%	27%	50%	27%
Something else not addressed	40%	40%	40%	40%

FY 2006

Annual Goals Accomplished Summary

	Total # of goals due	# Complete	# Incomplete	% Incomplete	% Complete	# Overdue
Q1						
Q2	38	1	37	97%	3%	87
Q3	71	13	58	82%	18%	139
Q4	74	12	62	84%	16%	205
Total	183	16	167	91%	9%	431

**Data collection began the second quarter*

CY 2007

Annual Goals Accomplished Summary

	Total # of goals due	# Complete	# Incomplete	% Incomplete	% Complete	# Overdue
Q1	19	6	13	68%	32%	130
Q2	18	17	1	6%	94%	130
Q3	56	37	19	34%	66%	130
Q4	62	26	36	58%	42%	130
Total	155	86	69	45%	55%	130

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CY 2008

Annual Goals Accomplished Summary

	Total # of goals due	# Complete	# Incomplete	% Incomplete	% Complete
Q1	N/A	N/A	N/A	N/A	N/A
Q2	24	9	15	62%	38%
Q3	26	26	0	0	100%
Q4	28	23	5	18%	82%
Total	78	58	20	26%	74%

FY 2006

Annual Strategies Accomplished Summary

	Total # of strategies due	# Complete	# Incomplete	% Incomplete	% Complete	# Overdue
Q1						
Q2	112	7	105	94%	6%	234
Q3	196	51	145	74%	26%	369
Q4	384	99	285	74%	26%	625
Total	692	157	535	77%	23%	1228

CY 2007

Annual Strategies Accomplished Summary

	Total # of strategies due	# Complete	# Incomplete	% Incomplete	% Complete	# Overdue
Q1	41	8	33	80%	20%	644
Q2	113	99	14	13%	87%	644
Q3	240	171	69	29%	71%	644
Q4	355	131	224	61%	39%	644
Total	729	409	320	44%	56%	644

**Data collection began the second quarter*

CY 2008

Annual Strategies Accomplished Summary

	Total # of strategies due	# Complete	# Incomplete	% Incomplete	% Complete
Q1	N/A	N/A	N/A	N/A	N/A
Q2	64	39	25	39%	61%
Q3	173	173	0	0	100%
Q4	219	213	6	3%	97%
Total	456	425	31	7%	93%

FY 2005

Caregivers Satisfied with Services

	Q2		Q4		Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	8	9	4	4	12	13	92%
Janitorial	6	8	9	10	15	18	83%
Landscaping	10	13	6	6	16	19	84%
Day	19	22	31	35	50	57	88%
All Emp and Day	43	52	50	55	93	107	87%
Community Living	9	16	19	32	28	48	58%
All Departments	52	68	69	87	121	155	78%

FY 2006

Caregivers Satisfied with Services

	Q4		Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
SEP	11	11	11	11	100%
Janitorial	0	0	0	0	0%
Landscaping	0	0	0	0	0%
Day	37	41	37	41	90%
All Emp and Day	48	52	48	52	92%
Community Living	14	19	14	19	74%
All Departments	52	61	52	61	85%

CY 2007

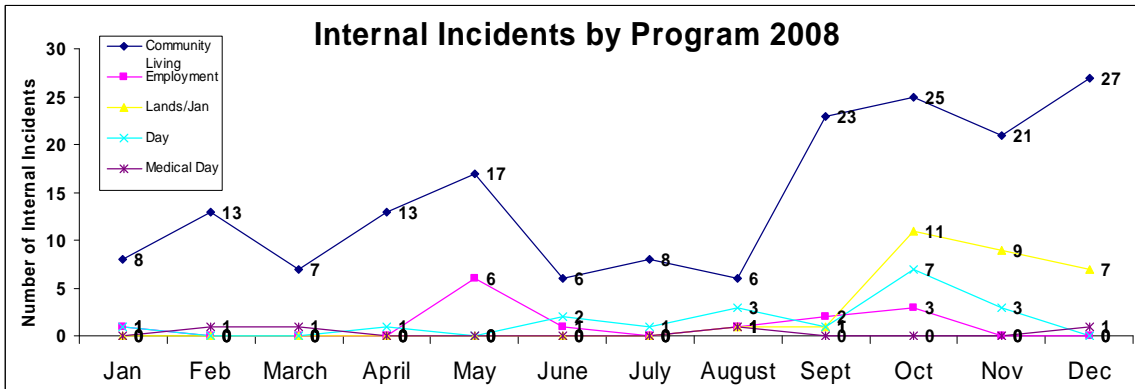
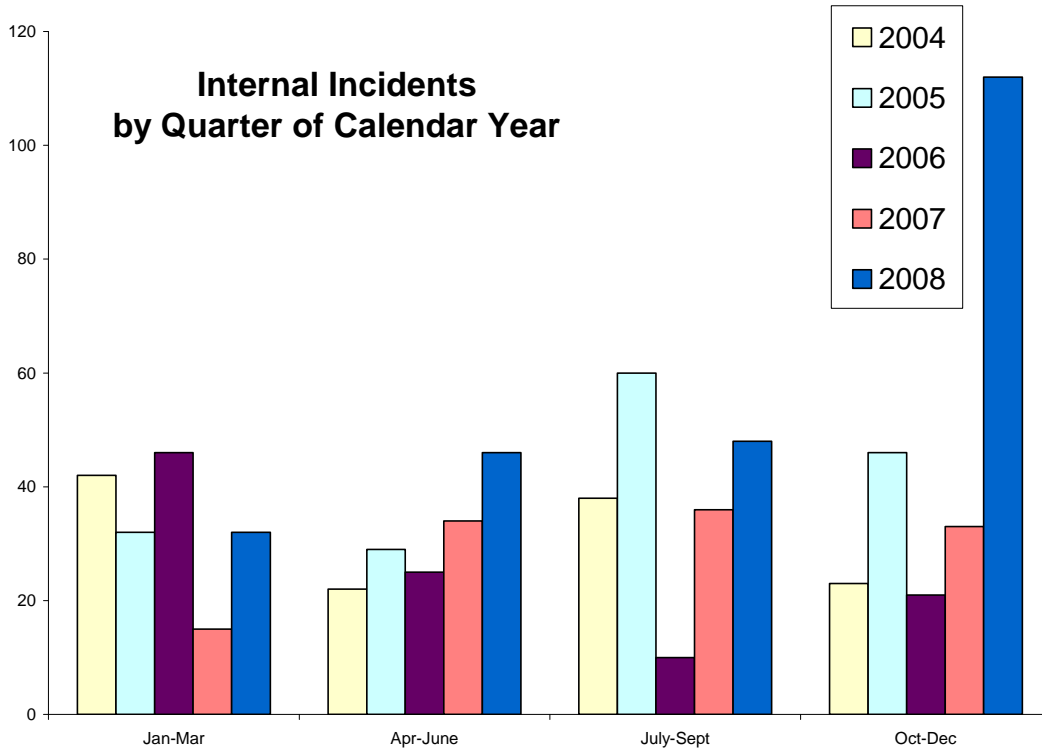
Caregivers Satisfied with Services

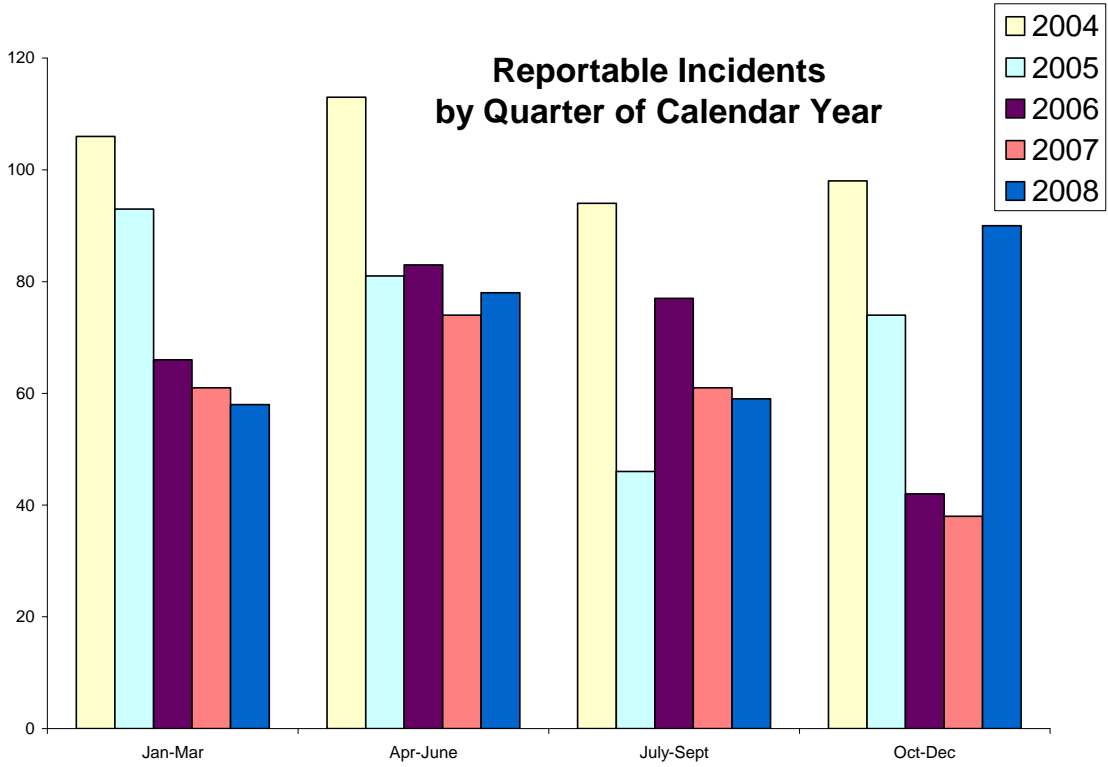
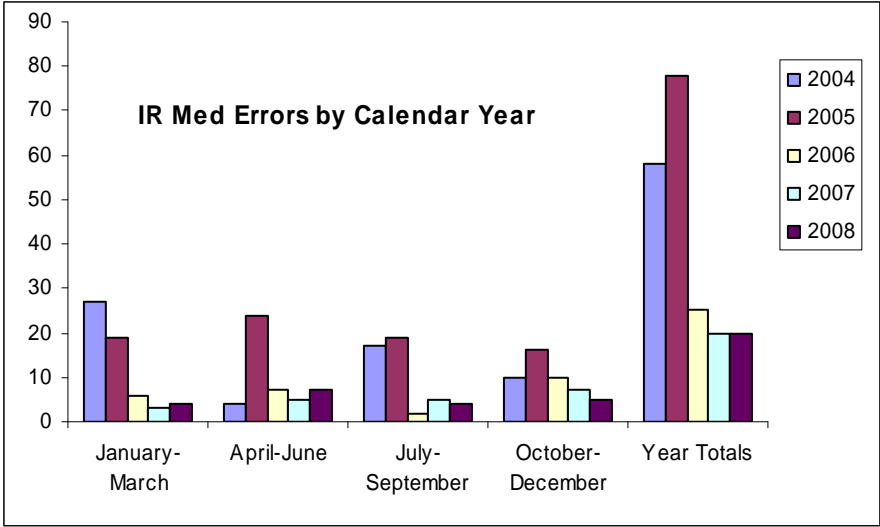
			Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
All Emp and Day	5	5	5	5	100%
Community Living	14	14	14	14	100%
All Departments	19	19	19	19	100%

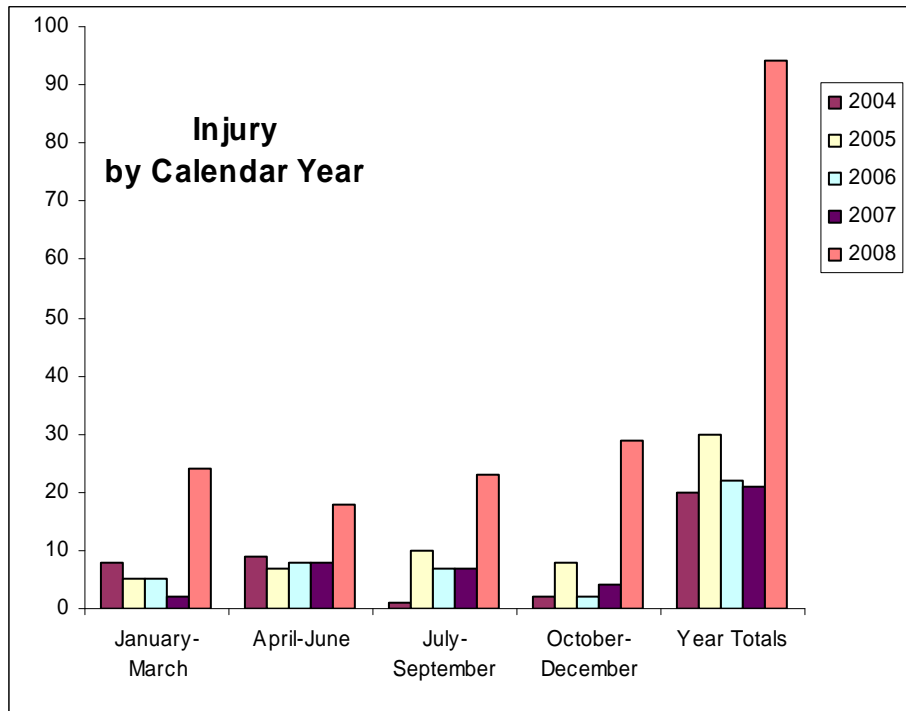
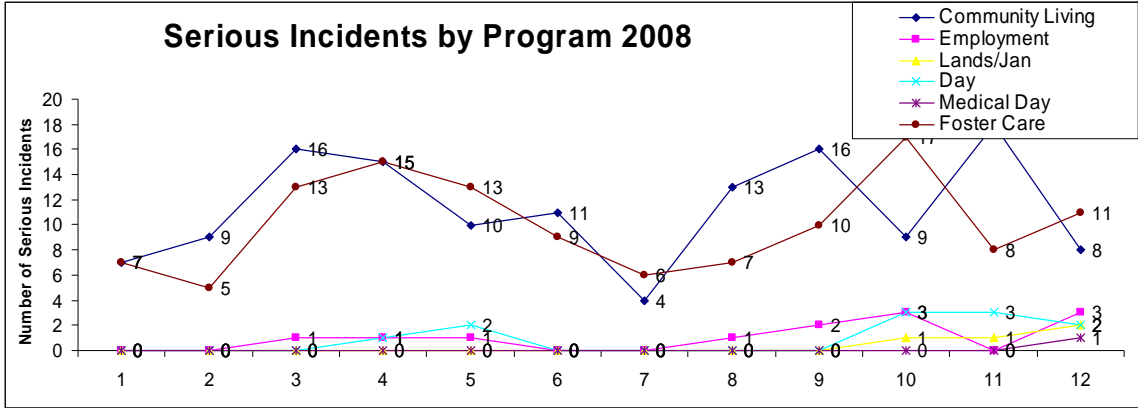
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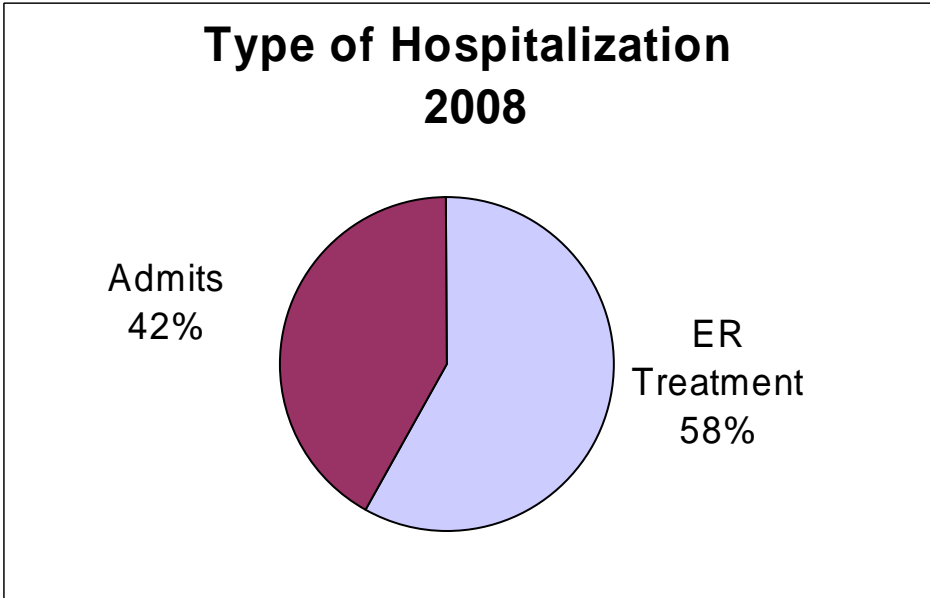
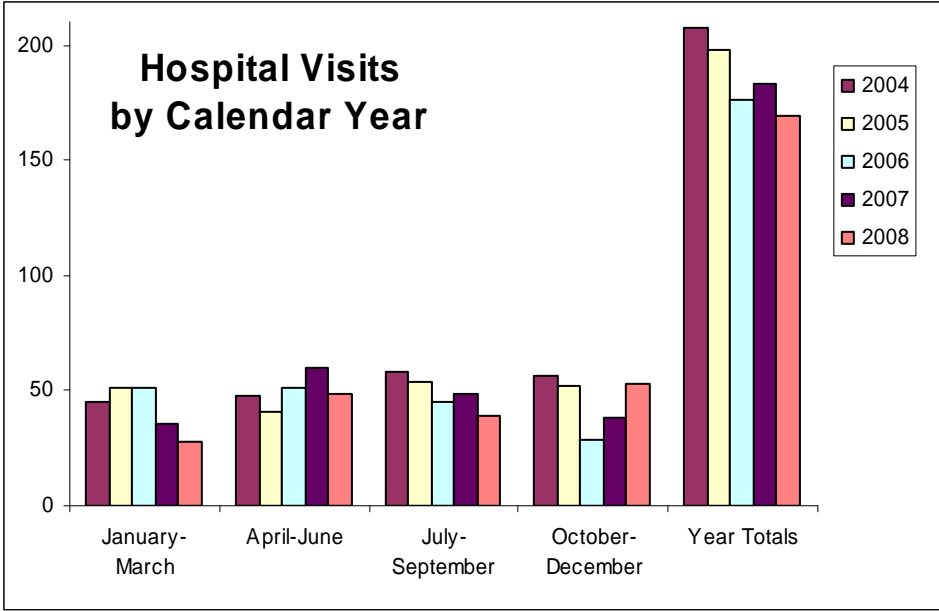
Caregivers Satisfied with Services

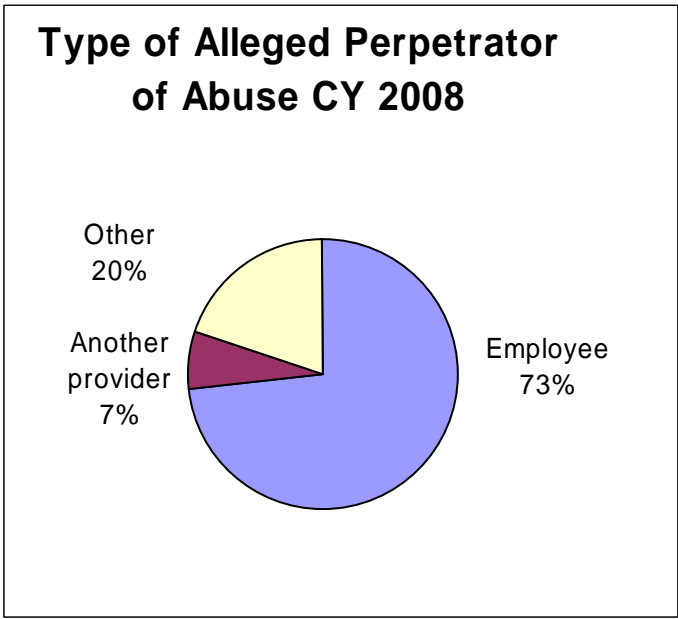
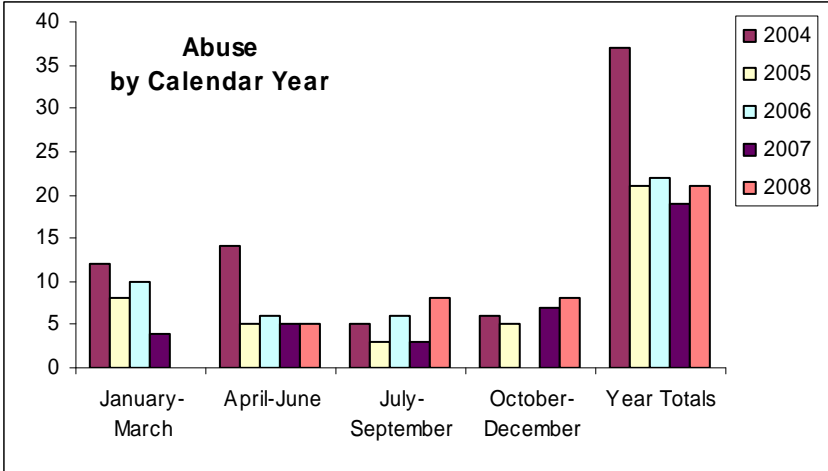
			Annual Totals		
	Satisfied to Very Satisfied	Number of Surveys	Satisfied to Very Satisfied	Number of Surveys	Annual Percentage
All Emp and Day	13	13	13	13	100%
Community Living	3	3	3	3	100%
All Departments	16	16	16	16	100%



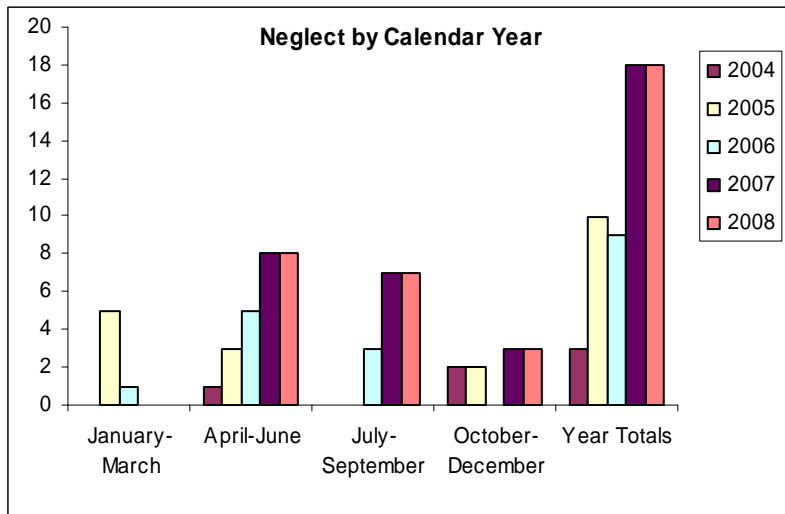
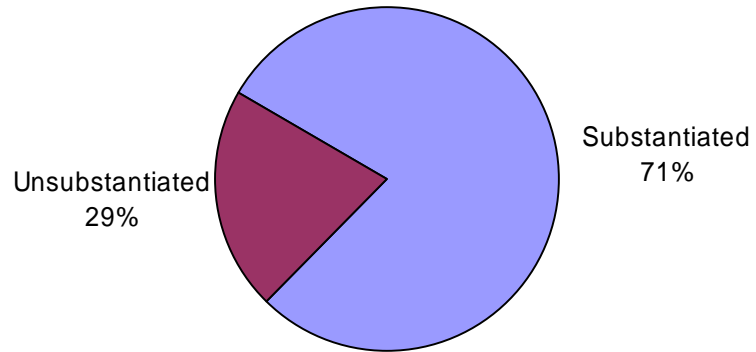




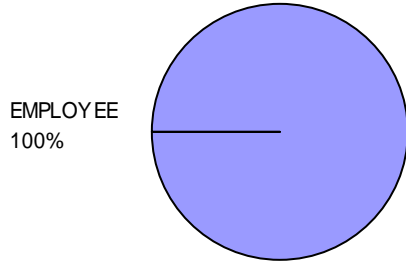




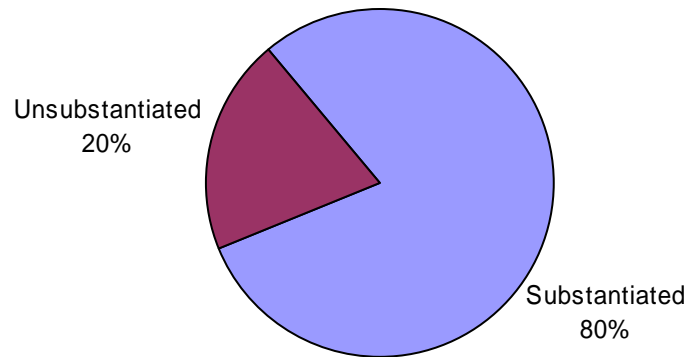
Abuse Investigation Results CY 2008

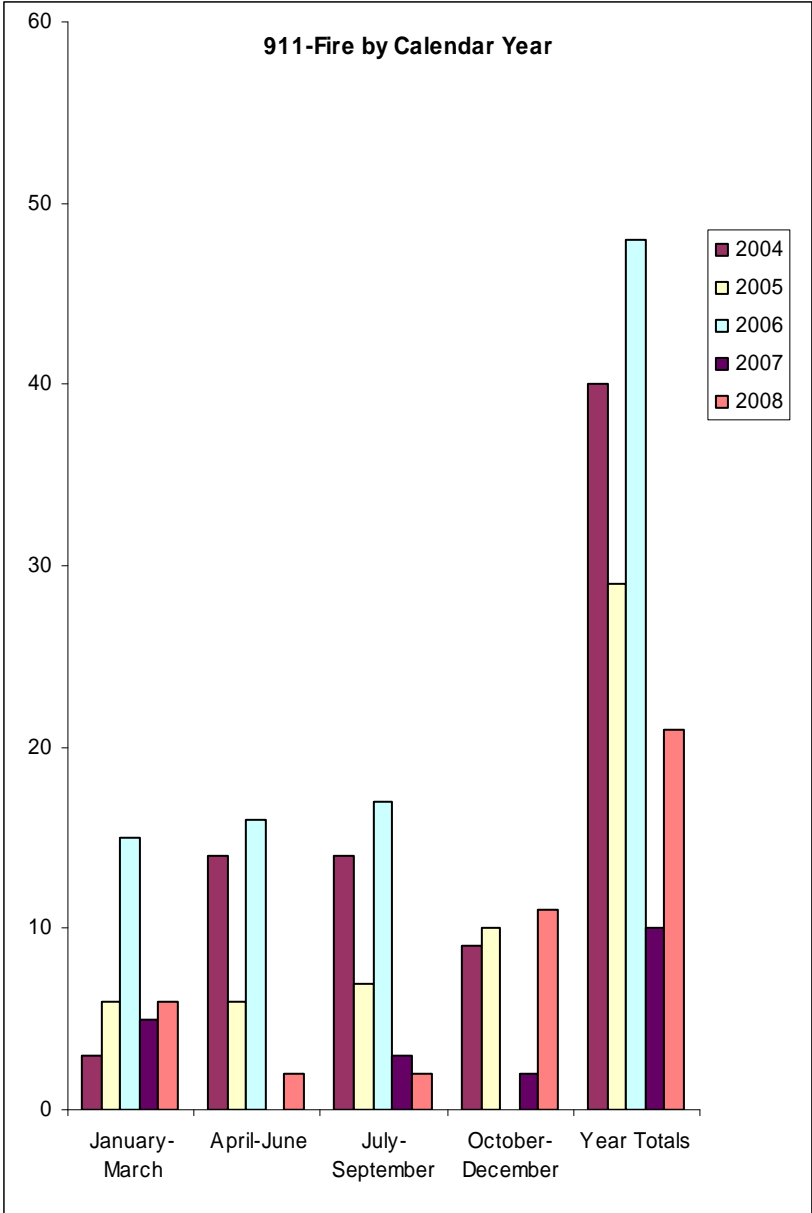


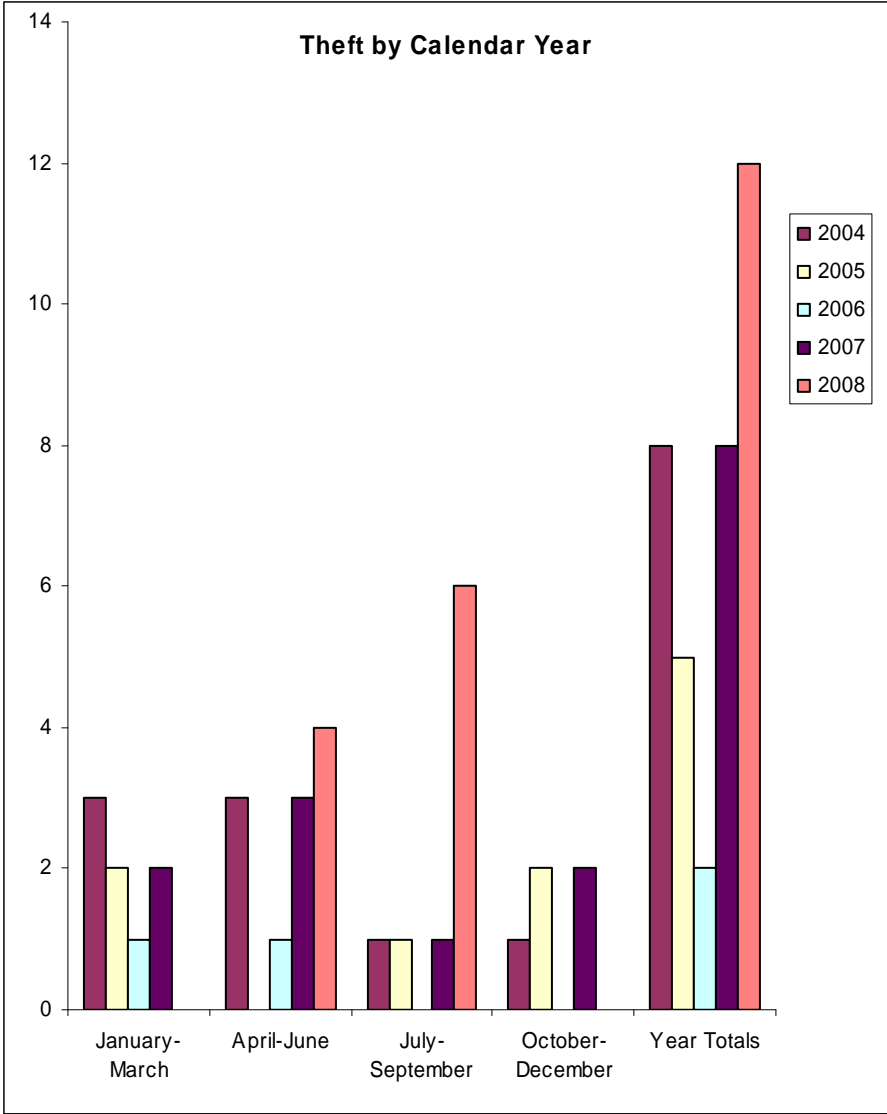
Type of Alleged Perpetrator of Neglect CY 2007

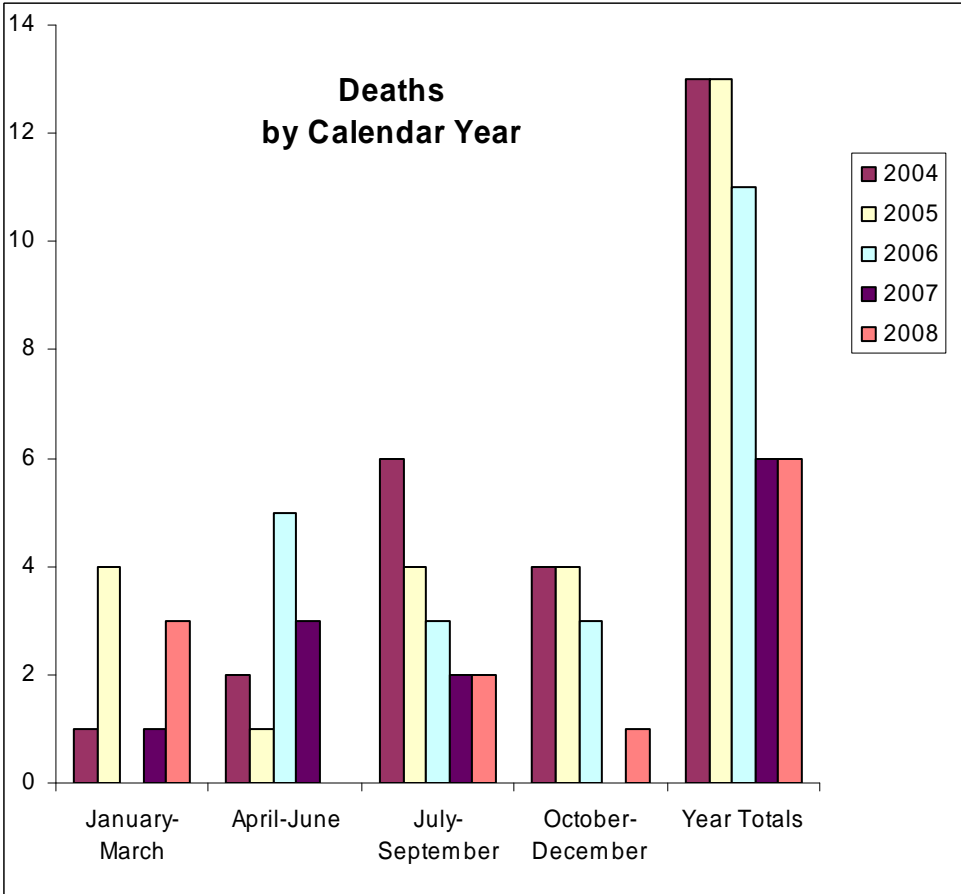
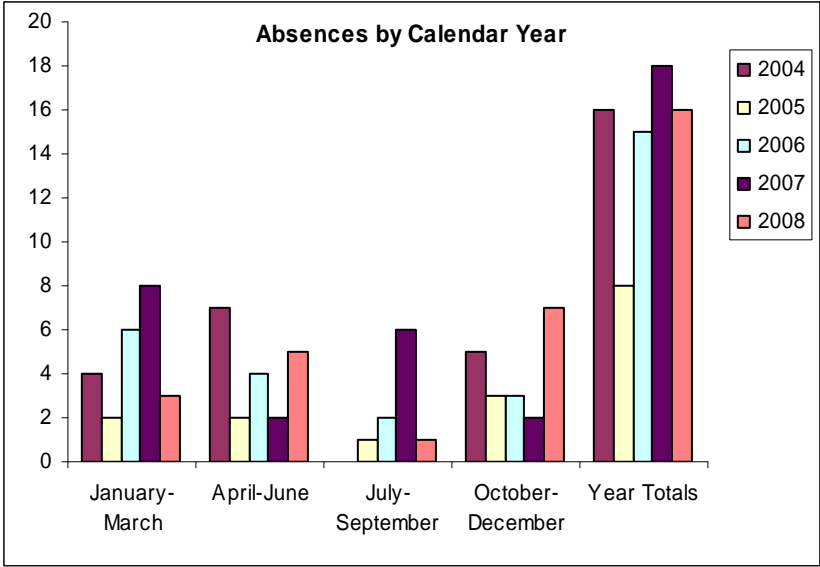


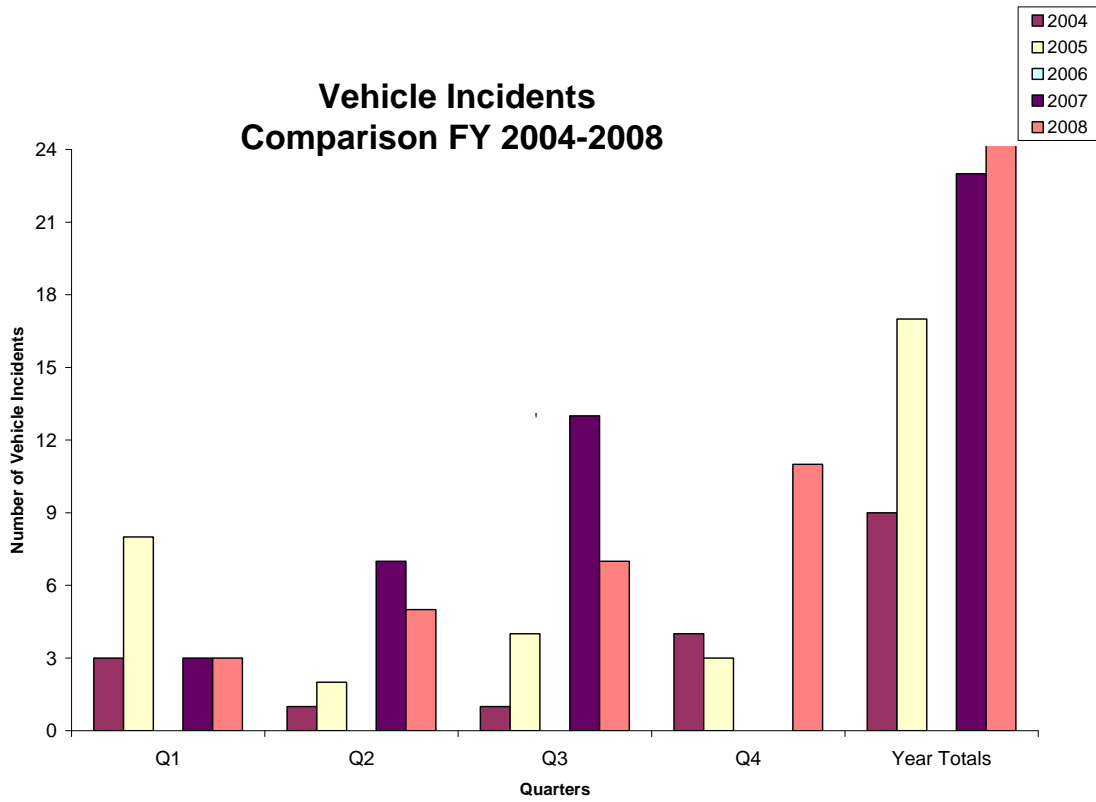
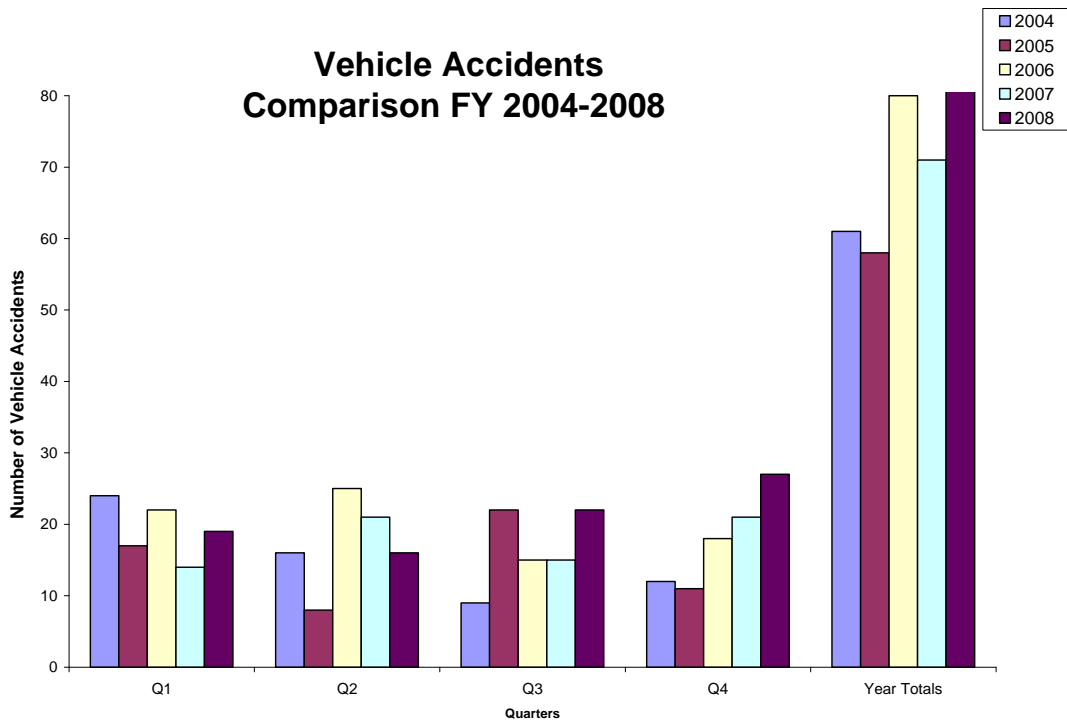
Neglect Investigation Results CY 2008



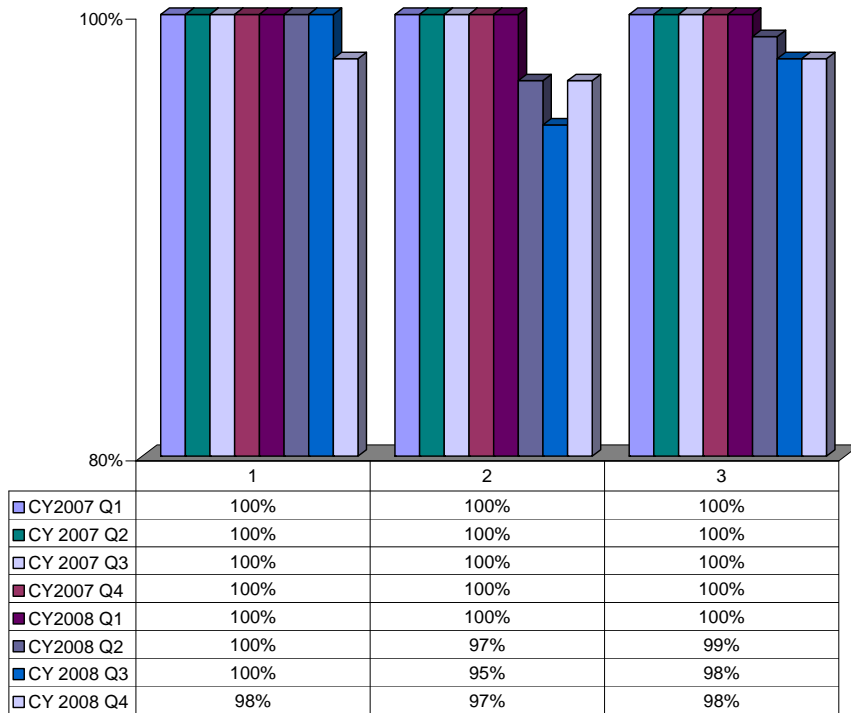




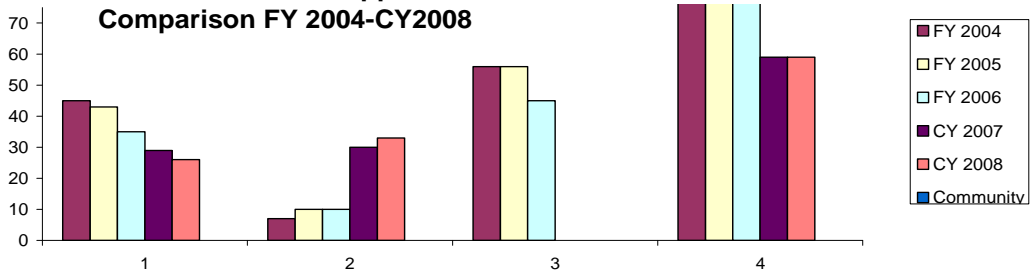




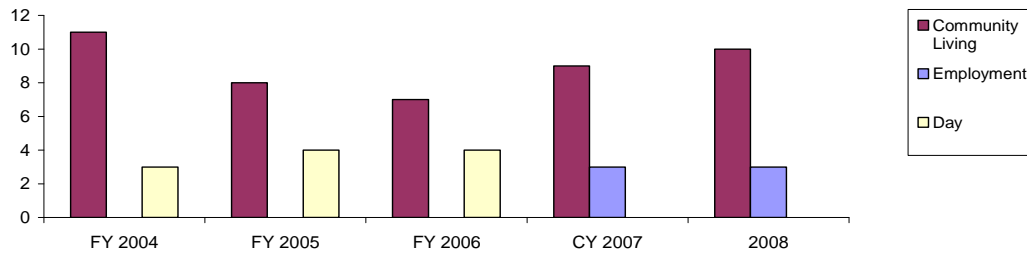
BSP Data Collection FY 2007 vs. CY 2008

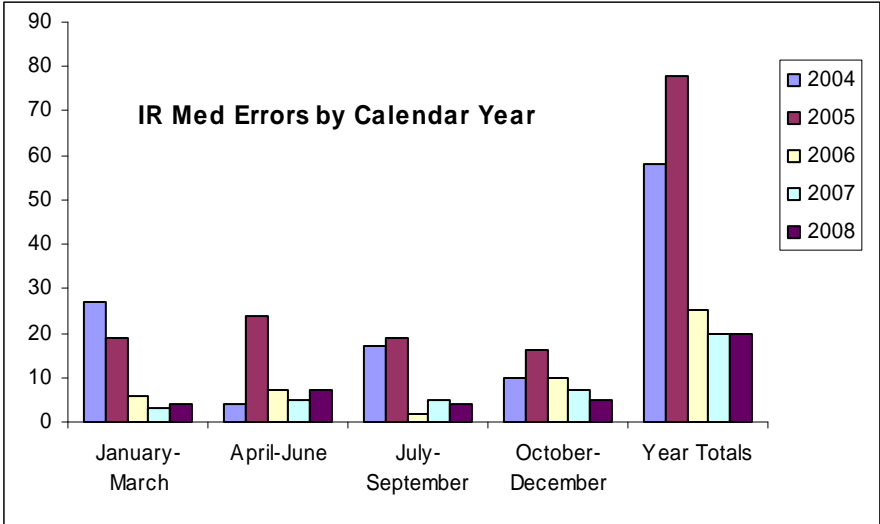


Number of Behavior Support Plans Comparison FY 2004-CY2008

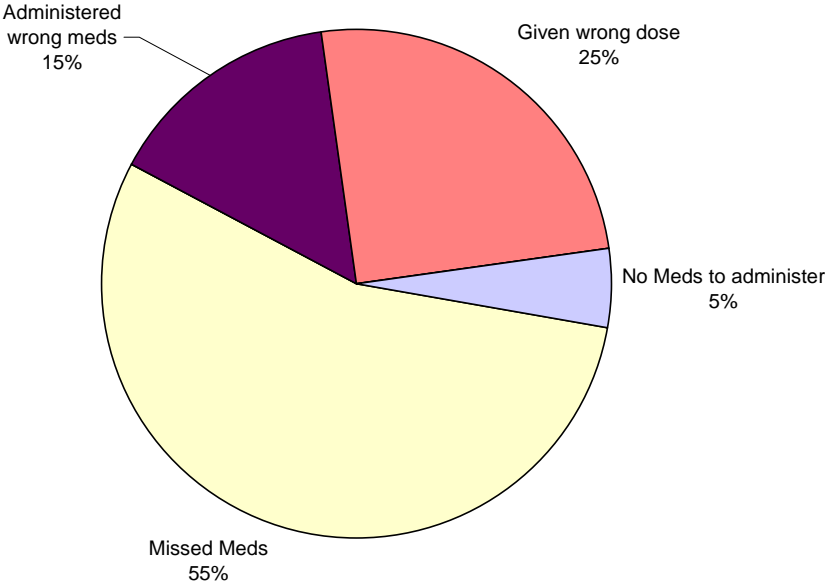


BSP with Restrictive Techniques Comparison FY 2004-CY 2008

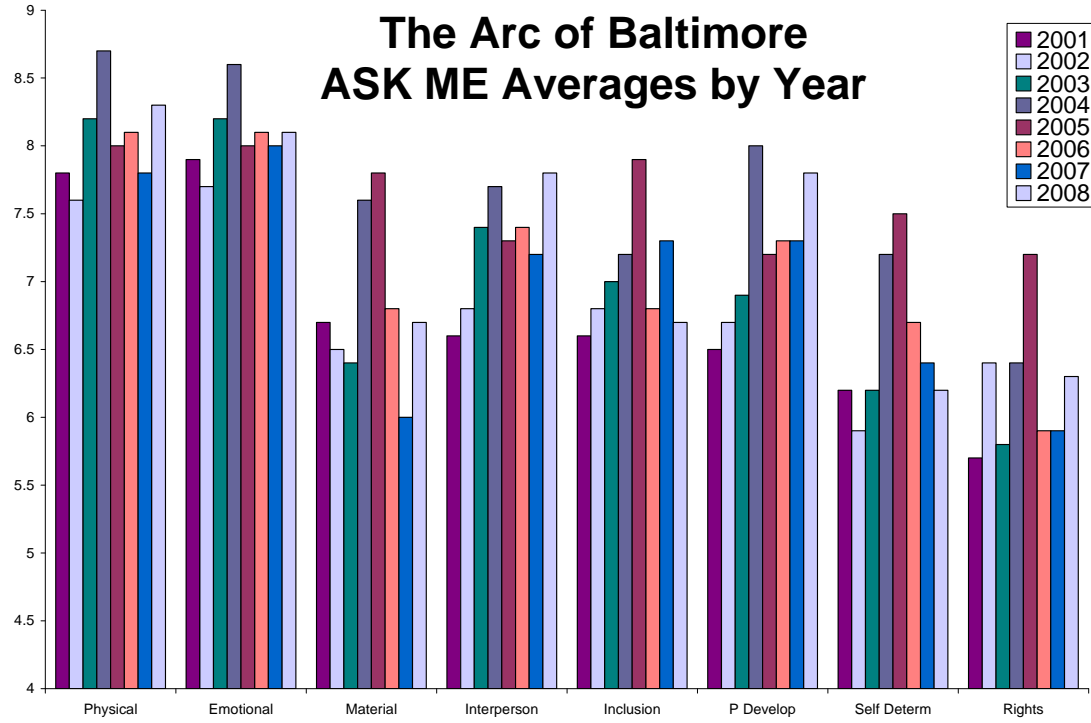




Type of Medication Error (Community Living) CY 2008



The Arc of Baltimore ASK ME Averages by Year



*Annual Summary
and
Analyses*

Annual Summary/Data Analyses

The Enhancement of Quality

For many years now, The Arc of Baltimore has been focusing on “assuring” quality, now that we have that figured out; we are now trying to “enhance” what we are doing well and “improving” on what we can do better. We continue to focus on community integration and relationship building by providing opportunities for people one of which was a “speed dating” event . This gave people an opportunity to meet people they have never met and reacquaint themselves with people they have not seen for a long time. The Arc also closed another Day Center which is part of the agency’s strategic planning process to move toward employment for people.

The Human Resources department in collaboration with the Retention Committee has continued their efforts in reducing the turnover for direct care professionals in many ways. There has been a decrease in turnover in 2008 across the agency.

Below you will find more information related to specific goals for 2008:

Goal: Increase the number of non-paid relationships in an individual’s life

There has been an increase in relationships this past year. One of the major changes with this goal is that with the creation of the database, managers are “forced” to enter relationship data for each person at the annual IP meeting. This means that there will be no missing data for this goal. We are asking managers at the Annual IP to focus on the quality of the relationships for individuals.

Goal: Increase percentage of IP outcomes accomplished

The percentage of goals and strategies accomplished has increased over the past year. One factor for the increase is that reminders were sent out to the mangers to enter the data. The percentage of goals accomplished 62% compared to 55% last year and the number of strategies accomplished was 78% compared to 56% last year. The main focus of this goal is to assure that staff are supporting individuals to achieve their goals.

Goal: Decrease level of restriction in Behavior Plans

The total number of plans with restrictive procedures remains at less than 1% of the plans. The number of restrictive plans actually increased over the year, but overall the numbers are low compared the actual number of plans. There are currently 13 plans with restrictions compared to 12 last year. This number may increase in the future due to individuals being discharged from Rosewood who currently have restrictive plans. Again, we strongly emphasize the utilization of the least restrictive technique for changing behaviors. The Support Strategies Committee along with The Standing Committee reviews the restrictive plans and determines whether the restrictive procedure is needed and reviews the plan at least annually to see if there have been any significant changes in the individual's behavior.

Goal: Increase percentage of meaningful outcomes

This year, we continued to interview individuals and their staff directly regarding their satisfaction with their written Outcomes and Goals. Members of the Board of Directors, the IP Committee and Helping Hands (Self-Advocacy group) conducted the individual interviews.

81% of the individuals interviewed expressed that the outcomes and goals they were working on were very meaningful to them. This is compared to 81% last year. We continue to monitor the meaningfulness and appropriateness of outcomes for people.

On a monthly basis, the agency holds an IP Clinic for coordinators and case managers to gain fresh ideas about how to create outcomes and goals that are aimed at an individual's true desires and dreams. The Director of Quality Assurance and other members of the IP committee are part of the clinic. There also has been an emphasis on the pre-planning process.

Goal: Reduction in targeted behaviors as an aggregate, and improve data collection

The goal for data collection is 95% and surprisingly, for the second year in a row, this goal was met. Even though we did not reach 100% like in 2007, we were at 98% which is still great. Thanks again and congratulations to all persons involved in this great achievement.

The reduction in targeted behaviors was at 84% which was the same as last year. The psychology associates continue to increase presence at the Day Centers and

CL. They have also been very involved with the planning for individuals coming out of Rosewood.

Goal: Decrease number of incidents by 10%

This year we have seen a significant increase in internal and reportable incidents compared to a decrease last year.

We continue to look at trends involving hospital visits and injuries. As our population ages, we see an increase of hospital visits. The nurses continue their efforts to train staff and individuals in prevention of injuries and illnesses.

There has been a slight increase of abuse allegations, specifically against staff. The Arc of Baltimore continues to respond immediately to any allegations of abuse and/or neglect. The majority of staff terminated for these incidents are staff who fail to report in a timely manner. The employee who has been accused is immediately suspended pending a thorough investigation. The majority of the investigation is conducted by The Director of Quality Assurance. Once the investigation is completed, the QA Director informs the director of the division of the findings and recommends a course of action. Training on reporting of abuse and neglect has been added to most if the organizations training as well as being a topic at Leadership and Administrative meetings. Several targeted efforts were made in response to incidents throughout the year:

- The nurses continue to focus on the prevention of medication errors.
- The Human Rights Committee continued to review and discuss incidents and hold staff accountable for their actions and responses in regards to the incidents.
- The QA Director continues to investigate allegations of abuse and neglect and works collaboratively with the HR department as well as the department directors.
- The training department continues to emphasize the importance of reporting any abuse and neglect incidents.

Goal: Number of Appendix 7's submitted on time

We continue to track this goal through the database. Each month, a report of all past-due Appendix 7 reports is available to department directors, so they can hold their staff accountable to complete the reports. There continues to be a downward spiral in completing the reports on time with 33% of reports being completed. The QA department has worked hard in continuing to identify employees responsible for the late reports and support them in their efforts to

submit the reports on time. We will continue to monitor the progress and develop other ways to get the reports in on time.

Goal: Receive fewer than 5 complaints a month

The Director of QA is also a contact for people who may have complaints about services being provided. This provides anyone with the opportunity to provide feedback to us on how we are doing as a provider. Last fiscal year, we received 5 formal complaints. This year we also only received 5 complaints. The complaints are taken very seriously and are immediately followed up on by the appropriate director.

Goal: 90% of referred individuals begin receiving services on the effective date

This year we achieved 65% compared to 84% last year. The Outreach Department in conjunction with the specific programs makes a joint effort to assure that an individual begins receiving services on the date given by DDA. New admissions are discussed at the monthly ARD Committee meetings. Many times, the reason some individuals do not start on time is not the fault of The Arc.

Goal: 90% of staff will complete required training on time.

This is the second year this goal has been in the QA plan. The Arc of Baltimore wants to assure that staff are getting all the information they need to provide quality services to the individuals they support. This is one way that this can be done. The total number of staff suspended over this year was 125 compared to 130 last year.

Goal: Number of Individuals in Community based employment

With 1 more day center closing, we continue to focus on community based employment. Last year, there was an average of 27 individuals per center per month. This year this has increased to 39 individuals. With the assistance of 4-full-time job developers and other staff, individuals were provided with more employment opportunities this year. Employment Connections which assist individuals with finding community based employment.

Goal 1: 90% attendance of supervisors and job coaches at Individual Planning
Goal 2: Increase the stability of supervisor-employee relationships in Landscape services.

We continue to emphasize the importance of supervisors and job coaches attending IP meetings. The percentage of attendance was 85% in 2007. This year it increased to 92% attendance which meets the set goal for the first time. We will continue to monitor this next year as well.

Landscape continues to monitor the stability of its supervisors and crews. The number this year is 71% compared to 73% last year. This steady decrease could be due to the loss of a major contract in 2008.

Conclusion:

The Quality Enhancement Plan provides the agency with the information and opportunity to see what works and that may need improvement. The data allows us to identify trends and assists the Quality Enhancement committee to explore alternative ways to get closer to our goals. We may not have “reached” all of our goals that were set in the beginning of the year, but The Arc of Baltimore has much to be proud of; including our second 3-year CARF accreditation as well as another MANO certification.

The surveys that are sent to individuals supported by The Arc as well as to caregivers show that we are doing a pretty good job. By no means are where we need to be as an agency. Enhancing quality is a continuous, never-ending process. We continue to analyze the data and set up systems to improve on quality but as with anything, it is always changing.

This coming year, 2009, we will continue with most of the goals on the current plan.

ANNUAL QA PLAN

2009

Applied to: All Adult Services

Categories of Measure: Number of non-paid relationships in individual's life

Goal: Increase from corresponding quarter of last year (to correlate with IP dates)

Categories of Measure: Percentage of IP goals and strategies accomplished

Goal: 95% accomplished

Categories of Measure: Decrease in level of restriction in Behavior Support Plans

Goal: Reduction

Categories of Measure: Percentage of targeted behaviors in Behavior Support Plans

Goal: Improvement shown in plans

Categories of Measure: Percentage of meaningful outcomes

Goal: 80% satisfied

Categories of Measure: Percentage of data collected for behavior Support Plans

Goal: 95% of the data

Categories of Measure: Percentage of Internal Incidents

Goal: 10% reduction

Categories of Measure: Percentage of reportable incidents (includes Foster Care)

Goal: 10% reduction

Categories of Measure: Percentage of Appendix 7's completed on time

Goal: 95% of reports

Categories of Measure: Percentage of medical appointments on time

Goal: 88% of appointments

Categories of Measure: Percentage of participants overall satisfaction with services

Goal: 80% answer 2 or 3 on question # 10

Categories of Measure: Percentage of satisfied customers

Goal: fewer than 5 complaints per month

Categories of Measure: Caregiver overall satisfaction with services

Goal: 80% answer 2 or 3 on question # 10

Categories of Measure: Time between funded date and effective date

Goal: 90% of referred individuals will start services on the effective date

Categories of Measure: Decrease in the number of behavior support plans

Goal: Reduction

Categories of Measure: Ask me! Scores

Goal: Improved scores from last survey

Categories of Measure: Percentage of vehicle accidents

Goal: Less than 3% of the fleet involved in accidents with less than 1% being at-fault

Categories of Measure: Percentage of Accident/Injury Reports submitted within 3 business days

Goal: 90% of reports submitted

Categories of Measure: Reduce the turnover rate for mid-level management and direct support positions

Goal: Reduction

Categories of Measure: Percentage of staff completing required training within the required time frame

Goal: 95% of staff will complete required training on time

Categories of Measure: Percentage of individuals who leave the agency that were dissatisfied with services

Goal: 10% of the individuals who leave the agency

Categories of Measure: Number of overdue medical appointments

Goal: Reduction

Categories of Measure: reduce the number of loss-time injuries

Goal: No lost time injuries

Applied to: Foster Care

Categories of Measure: Percentage of foster children being visited by a CSW within 24 business hours of placement

Goal: 85% compliance

Categories of Measure: Percentage of incident reports completed within 24 business hours of notification of incident.

Goal: 85% compliance

Categories of Measure: Percentage of foster children medicals completed on time

Goal: 85% compliance

Categories of Measure: Percentage of foster children dentals completed on time

Goal: 85% compliance

Categories of Measure: Percentage of foster parent medical assessments and TB testing completed on time

Goal: 85% compliance

Categories of Measure: Percentage of foster parent child CPR training completed on time

Goal: 85% compliance

Categories of Measure: Percentage of foster parent 1st Aid training completed on time

Goal: 85% compliance

Categories of Measure: Percentage of foster parent adult CPR training completed on time

Goal: 85% compliance

Applied to: Employment Services

Categories of Measure: Number of individual placements

Goal: increase by 4 per quarter

Categories of Measure: Number of individuals in community based employment

Goal: Provide community based employment to 35% of individuals attending day centers

Categories of Measure: Percentage of participants happy with current jobs

Goal: 80% satisfied

Categories of Measure: Percentage of participants happy with transportation to and from work

Goal: 80% satisfied

Categories of Measure: Increase attendance of supervisors and job coaches at IP meetings

Goal: 90% attendance

Categories of Measure: Increase the stability of supervisor-employee relationship in landscape services

Goal: 75% have the same supervisor each quarter