



Warren Washington & Albany
Counties Chapter, of
The Arc NY

Quality Improvement Plan
2023

Introduction

Warren, Washington & Albany Counties ARC is a Chapter of The Arc of NY. WWAARC is located in upstate New York, is a nonprofit organization serving nearly 1,000 individuals with intellectual and developmental disabilities. WWAARC has many residences that vary in size, from supportive apartments to two story and ranch style homes. WWAARC has residences in Albany County, Warren County and in Washington County. All the agency's apartments and houses provide a cozy, home-like setting.

WWAARC has three (3) day habilitation programs, Community Based Prevocational services, Pathway to Employment, Supported Employment, and Family Support services; which includes a Respite Center, Drop-in services, Community Habilitation, Goods and Services, and Sitter Services. WWAARC also provides Self- Direction-Fiscal Intermediary Services, Intensive Behavioral Services and Guardianship Services.

WWAARC has represented a longstanding tradition of providing outstanding advocacy, family support, and the very best quality services to many people throughout Warren, Washington, and Albany Counties. WWAARC is family led and one of the top employers in the region with over 560 employees. WWAARC has been selected as Times Union's "Top Workplaces" in 2022 for the second year in a row as well as achieving the Top Workplaces USA award. As an organization, WWAARC makes a respectful commitment every day to the people we support. As a Council on Quality & Leadership (CQL) accredited organization, WWAARC provides a pro-active, person- centered approach.

WWAARC's mission is to provide services and opportunities to, and advocate for individuals with intellectual and other disabilities and their families enabling them to realize their full potential in our communities. It is WWAARC's vision to be the best at supporting people with disabilities and their families by empowering them to make choices about their lives and the services they receive. We envision a future where all people with intellectual and developmental disabilities are fully included as members of a community that embraces the diversity of all people.

WWAARC Values

- We value the dreams, aspirations, and goals of people we support and their rights to a full, productive, and responsible role in society.
- We value the rights of people we support to make their own choices.
- We value diversity in membership and leadership.
- We value the dedication and commitment of the staff who support people with intellectual and developmental disabilities.
- We value being family-led and professionally managed.

With more than 80 service locations providing residential, day, community supports, career/employment and other services, each interaction of our more than 560 staff members is

focused on assisting each person as an individual and for him/her and their family to be highly satisfied in receiving professional, competent and caring treatment. Through dedicated, respected, and outstanding leadership from executive level and middle management staff and the Board of Directors, the core values and mission are embedded into all service areas and exemplified in the point of contact with each person and family. Our staff demonstrate a dedication to the provision of person-centered services on a continuous basis. There is also a shared commitment between the individual/family, the Agency, and Board of Directors that WWAARC will continuously seek to improve its services and management of the organization.

WWAARC is accountable to the Board of Directors and to other entities including, but not limited to The Arc of NY, MHLS, OPWDD, State, Federal, and other regulatory and funding organizations.

This Quality Improvement Plan was created by taking into consideration The Arc of NY Quality Standards and Oversight Committee requirements. This plan will fulfill the requirement of the Arc of NY's office to collect and analyze data from all chapters. The Quality Improvement Plan will be under the purview of the Board of Directors and have a relationship and connection with several other Board Committees such as Incident Review, Strategic Development, Governance, Guardianship, and Corporate Compliance.

By following this plan as written, it will assist management and the Board of Directors in their responsibilities to chart a future that results in the highest degree of service to people we support and that supports our workforce.

Key Quality Indicators

As part of the quality improvement planning process WWAARC focuses on nine areas listed below that require immediate focus and attention to achieve improvement. Key Indicators, which relate to the current mission statement of the WWAARC, include the following items:

Bureau of Program Certification Reviews

- Statements of Deficiency
- Exit Conference Deficiencies
- Recommendations
- Best Practices
- Plans of Corrective Action
- Report on plan approval and need for additional improvement

Special Review Committee Annual Reports

- Trends that include proactive measures as part of this process
- Recommendations for action and plan of correction

Quality Improvement reviews by non-regulatory agencies

- CQL Accreditation
- Others as they occur

Self-Audits

- Residential and day services audits by the Quality Assurance team
- Corporate Compliance audits of billing and compliance across programs

Satisfaction Levels of the People We Support

- Satisfaction surveys for people supported/families/advocates
- POMS planning process
- Living Situation and Privacy assessment
- Grievance procedure

Satisfaction Levels of our Staff Members

- Staff satisfaction questionnaire/survey
- Retention survey
- Performance evaluations

The Quality of Life of the People We Support

- CQL Personal Outcome Measures

Human Resource issues

- Staff retention rates
- OSHA reportable injuries
- Adequacy of staffing levels
- Staff development and training programs

Board Governance

- Review of the programs and services to ensure conformity with our mission
- Participation on the standing committee for Incident Review
- Visits to program sites
- Analysis of self-surveys and regulatory surveys
- Awareness of State or Federal regulatory authorities' communications regarding deficiencies in any program or areas of operation

- Assurance that senior management has the means to continually assess the adequacy of staffing levels, staff competence and staff performance
- Assurance that WWAARC has a plan for ongoing staff development and training
- Assurance that expectations for ethical conduct be communicated and reinforced for all employees, contractors' vendors, volunteers, and Board members
- Assurance that the WWAARC practices will encourage the development and expression of self-advocacy by the people receiving supports and services and
- Assurance that a process is in place for self-advocates to provide input to our practices and governance.

Activities to Achieve the Key Quality Indicators

Since the continuation of the COVID 19 pandemic through 2022, many of the systems in our QIP had changed due to limited person-to-person contact. Although the COVID-19 restrictions were lifted (at the end of the state of emergency), some of these changes will likely continue into 2023 due to upticks of positive cases and subsequent quarantines. As with most businesses, it was discovered that working remotely can be effective to meet the needs of some program areas. Most meetings and/or interviews are being completed either in-person, via the phone or remotely via Zoom/Microsoft Teams. With the lifting of the state of emergency, some further changes have been made and will continue into 2023 including:

- OPWDD Bureau of Program Certification and OFPC reviews have been re-instated as in-person for the case of full and truncated reviews;
- Self-audits are now conducted in-person again;
- Day services have been re-opened, but at a much smaller capacity (due to staffing issues);
- Satisfaction surveys will be reinstated;
- Staff interviews and on-boarding is completed mostly in-person;
- Trainings have returned to in-person training as well as the use of alternate means (Zoom, independent review) when necessary;
- Incident investigations have returned to mostly in-person;
- Most of our committee meetings, including our Board meetings, have continued to be completed generally remotely, as it appears to support increased involvement and participation.

Bureau of Program Certification Reviews

Statements of Deficiencies (often referred to as a SOD) are issued by OPWDD following a site survey in which there is at least one significant deficiency noted during the survey process. This may relate to areas such as HCBS settings, fire safety, medication administration, health services, nutrition, physical plant, personal allowance, habilitation, etc. In some cases, OPWDD will only make recommendations that do not rise to the level in which they issue an SOD. When the organization receives the SOD, the appropriate AED is involved with developing a

Plan of Corrective Action (POCA). This plan addresses the specific matter identified by the citation and incorporates a systemic correction that may be necessary within the site or related programs.

Other, more serious deficiencies will result in the issuance of a 45/60-day letter. These “letters” are issued by OPWDD when very serious site specific or systemic issues are identified in a survey and/or the services provided are unsatisfactory and may affect the health or safety of the people we support. These “letters,” which are also sent by OPWDD to the Board of Directors, require immediate action and correction; without a satisfactory response, OPWDD may close the program or transfer the auspices to another organization

WWAARC’s last SOD was received in 2018 until recently, when a SOD was received relating to HCBS settings. A POCA was developed and accepted. It should be noted that OPWDD has reported that SODs will continue to be given for any issues related to HCBS settings violations, especially through March 2023. With this, WWAARC will continue to focus on auditing and improving the rights, choices, and options of the people we support.

The AED-QA will oversee and coordinate all OPWDD Bureau of Program Certification activities and responses, which include:

- Ensuring that OPWDD survey teams have access to the information and access to the sites that they need and will assist the survey team during its reviews.
- For all certification reviews that result in a statement of deficiencies, the AED-QA shall coordinate a comprehensive Plan of Corrective Action (POCA). The AED-QA will also communicate such findings to the management and to the Board of Directors. The POCA will be pre-approved by the Executive Director and/or Assistant Executive Director prior to sending it back to the regulatory agency for approval.
- Upon awareness of a potential or actual assurance of a 45/60-day letter by OPWDD, will immediately, but no later than (5) business days, notify The Arc of NY.
- Maintaining, aggregating, and analyzing data on the OPWDD surveys.
- Share survey data with the Board of Directors and The Arc of NY annually/quarterly as outlined in The Arc of NY’s Quality Data Reporting form.

Special review (Chapter Incident Review) Committee Annual Report

WWAARC takes very seriously the issue of reporting and investigating incidents as defined by OPWDD in the Part 624 regulations. All staff, regardless of position, are provided with training and information on incidents and allegations of abuse, as well as promoting positive relationships with the people we support. Following this initial training, all staff are given an annual refresher on these topics. Where necessary and sometimes following a specific incident, staff or groups of staff are provided focused information to ensure that all incidents are reported in a clear, concise, and timely manner.

After an incident or allegation of abuse is reported as required and protections are immediately put in place, an assigned agency investigator, who has been trained and credentialed to perform investigations by OPWDD and the Justice Center, produces a written investigative report of his/her investigation. This investigative report is reviewed by supervisory staff and submitted to the agency Incident Review Committee (IRC); WWAARC has 2 separate committees – 1 for the northern programs and 1 for the southern programs. At each meeting, the initial incidents, investigations, and/or addendums (to the investigations) are carefully reviewed and discussed by the committee members. Conclusions are examined to determine that they are adequately supported by the information provided in the investigation. Recommendations of both an administrative and clinical nature are also closely examined. The committee may request additional information; it may be provided while the committee is still in session or occasionally it is provided through a clarifying memo or addendum after the meeting. Once the committee feels that the program has fulfilled its responsibilities and the safety and welfare of any people supported are assured, the committee will close the incident.

If the incident is classified as abuse and neglect the incident cannot be closed until the Justice Center provides the letter of determination which indicates whether the incident is substantiated or unsubstantiated. The JC then assigns a Category to any substantiated allegation of abuse/neglect and may make further recommendations for corrective actions. The program must review and complete all the recommendations and actions taken as this provides information to the committee that the program followed through on the recommendations. This will be periodically checked during the OPWDD surveys, the Justice Center CAP audits, and the agency self-audit process. It should be noted that many of the recommendations that require training in 2022 had been completed via “read and signs” due to COVID/staffing and the fact that there have been limited face to face meetings. It is anticipated that more in-person training should start to occur in 2023 with the reduction of COVID-19 exposures and quarantines.

The minutes of each Incident Review Committee meetings are carefully documented and all the information (e.g., initial report, investigation, addendum, minutes, etc.,) is entered into the OPWDD IRMA (Incident Review Management Application) electronic record keeping system. Any trends or significant issues will be identified and discussed with the Committee. These discussions are reflected in the minutes of each meeting.

On an annual basis, the AED-QA will ensure that there is an annual Incident Trend Report developed (per location, north and south) that is required by OPWDD Part 624 regulations. This report is an aggregate of the year’s results, includes trends as compared to previous years and makes recommendations for training, policies, physical plant, clinical/program services, etc. This report will then be shared with the Incident Review Committee and the full Board of Directors.

The AED-QA will oversee and ensure all incident activities which include:

- Presenting the annual incident trend reports to the Incident Review Committee and to the Board of Directors.
- Provide on an annual and quarterly basis, a summary of required incident indicators to The Arc of NY.

Quality Improvement reviews by non-regulatory agencies

There are several external bodies that may also conduct quality related reviews for WWAARC. These include OIG (Office of Inspector General), AG (Attorney General), Social Security, OMIG (Office of Medicaid Inspector General), Source of America, NYSID, Access-VR, the Council on Quality and Leadership (CQL), to name a few.

The AED-QA and/or the Corporate Compliance Officer (CCO) will oversee and coordinate all external quality related activities and responses including:

- Ensuring that external survey teams have access to the information and access to the sites that they need and will assist the survey team during its reviews.
- For all reviews that result in recommendations or findings, the AED of that program or Administrator and/or the Corporate Compliance Officer will coordinate a written response and communicate such findings and response to the management and to the Board of Directors.

Self-Audits

Based on assessment of risk and need, WWAARC will conduct audits on a sample of programs identified as high risk using OPWDD re-certification checklists, The Arc of NY checklist, and/or other related guidance. Risk can be assessed based on prior survey results, survey outcomes, staff/management feedback, and through the agency risk assessment process, etc. This self-survey information will be reported to the Administrative team and summaries of the findings will be reviewed regularly with the Board of Directors. WWAARC will have discretion in developing auditing schedules, identifying risk, sampling, and protocols. The Quality Assurance and/or Corporate Compliance department will assign program audit responsibility, and programs at greatest risk will be audited as needed using OPWDD based checklists and related guidance from the Arc of NY or other relevant agencies.

The AED-QA/Corporate Compliance Officer will oversee and coordinate the self-audit process as follows:

- The Quality Assurance department will strive to audit each certified program at least annually using the guidance from OPWDD's current protocols and other guidance applicable to the audit being completed. A written statement of findings will be developed, that is consistent with current OPWDD protocols, and the Program Director of the certified program will ensure a plan of corrective action, with completion dates, is developed and followed. The findings of these audits will be shared with the

Administrative team and summaries of findings will be regularly reviewed with the Board of Directors.

- The Corporate Compliance department will conduct billing reviews/audits of program services throughout the year. These findings will be shared with the Compliance Committee and Administrative team as necessary.
- The AED-QA and/or Corporate Compliance Officer will oversee and coordinate the self-audit process and will ensure copies of the latest OPWDD re-certification protocols are given to the applicable directors by January 31st of each year if changes have occurred. Subsequent versions will be provided as released by OPWDD or other oversight agencies.

Satisfaction Levels of the People We Support:

WWAARC is committed to meeting each supported person's personal needs regarding his/her quality of the services he/she receives. WWAARC will ascertain genuine feedback regarding satisfaction with agency supports and services from the people we support, their family members, guardians, and advocates through opinion questionnaires/surveys. The results of such surveys will be reviewed by the Administrative team and Board of Directors and used to enhance operations.

The method used to gather information on the quality of WWAARC's actions is the completion of the Satisfaction Survey for Services. The Satisfaction Survey for Services will be conducted annually. The survey identifies areas of success and areas in need for growth of the person supported. The information in the completed satisfaction survey is analyzed and reviewed with that program and changes made if necessary. In 2022, WWAARC's Satisfaction for Services Survey was not forwarded to people we support and their families/advocates; however, this survey will be disseminated in January 2023 with a request for responses to be received by February 2023. In 2023, the Satisfaction for Services Survey process and WWAARC policy will be reviewed and discussed with WWAARC's CQL Accreditation Core Committee to determine the most effective way in which to implement the survey and allow for a reasonable timeframe for responses. In addition, the input from people we support regarding a Satisfaction Survey format will be included in the process. Once the data is analyzed, it will be distributed to the appropriate AED for the service and the AED for the service will share the results with the Administrative team and the Board of Directors.

- The Sr. Director of Special Projects & Administration – Guardianship Coordinator will ensure that a satisfaction survey for services is distributed for use throughout the agency to obtain feedback regarding satisfaction with agency supports and services.
- Once the data is analyzed, it will be distributed to the appropriate AED of that program or administrator.
- The AED of that program will review the satisfaction survey for services results with the Administrative team and the Board of Directors.

WWAARC developed a Living Situation & Privacy assessment to use when a person supported moves to a new living situation or when his/his current living situation changes dramatically. The assessment is completed by the management team of where the person supported lives and assesses his/her's sense of security, degree of privacy and overall happiness within his/her home.

WWAARC developed a grievance procedure whereas anyone filing a grievance may directly approach any member of the WWAARC leadership/management team to discuss his/her concerns. All grievances will be reviewed, tracked, and trended and those people filing the concern will be informed on the resolution.

- During the process of WWAARC's CQL Reaccreditation, it was discussed with the WWAARC's CQL Core Committee that a more user-friendly approach to this process needed to be revisited. During that timeframe, various forms for filing grievances/resolution were researched to identify a more user-friendly format, including a website version of the form. The process was not finalized during 2022 but will be addressed in 2023.
- The Program Director will ensure that the people we support, along with their parent(s), guardian, or advocate, will have the opportunity to review the grievance procedure at the time of admission, upon request and as changes occur.
- The Sr. Director of Special Projects & Administration - Guardianship Coordinator/designee will collect any grievances/complaints on a quarterly basis. They will be analyzed, trended, and summarized and the information will be shared initially with the CQL Core Committee and then with the Administrative team.

The WWAARC Guardianship Committee continues to exam the individualized guardianship services they deliver, by identifying strengths and successes while recognizing opportunities for improvement and setting goals to enhance the supports they provide to the people supported in the WWAARC Guardianship program. Annually, the Committee, with the assistance of the Sr. Director of Special Projects & Administration - Guardianship Coordinator, will complete a review and assessment of its program, utilizing the self-assessment tool adapted by The ARC NY in an effort to establish goals to encourage current positive practices and to develop a plan for improvement to enhance the WWAARC's guardianship program. This plan will be presented to the Board of Directors no later than November 30th of each year.

Satisfaction Levels of our Staff Members:

WWAARC believes that a motivated and empowered workforce will have a positive impact on the well-being of the people they support. Based on this belief, WWAARC will ascertain feedback regarding satisfaction from our employees through opinion questionnaires/surveys in an effort to increase the interest of new employees, improve staff retention and to ultimately increase the quality of care for the people we support. The results of any of these surveys will be compiled and then reviewed by the Administration team and utilized to improve and

enhance operations and employee satisfaction. As needed, WWAARC employees will be informed of survey findings and actions taken as a result of such surveys.

The AED-HR shall coordinate the following activities:

- The Human Resources Department will distribute an annual satisfaction survey for use throughout the agency to obtain feedback from its employees. This will be completed by the end of the year current year.
- The Human Resources Department will distribute the satisfaction survey on an annual basis and review the results of the survey.
- The Senior Director of Special Projects & Administration - Guardianship Coordinator/designee will review and document the results of the survey and prepare a summary report. The summary report was not completed in early 2022 but will be completed in the beginning of 2023 for the 2022 results.
- Once the Senior Director of Special Projects & Administration - Guardianship Coordinator/designee prepares the summary report, it will submit it to the AED-HR, who will ensure that it is reviewed by the administrative team and the Board of Directors.
- As directed by the Administrative team and the Board of Directors, any actions that result from the responses to the survey shall be implemented under the oversight of the AED-HR.
- The HR Department has also developed a log/spreadsheet that provides information on staffing levels (staff vacancies by program site) that is updated weekly. When an employee resigns from a position at WWAARC the HR Department will request the employee to complete a retention survey and any results are added to the spreadsheet. The information from this survey is shared with the Administration team, and periodically shared with the Corporate Compliance Committee.
- The HR Department completes “stay interviews” to keep employees engaged throughout their first 18 months to attempt to maintain their satisfaction in the hopes of keeping them employed. The HR Department will contact a new employee at his/her 3rd, 9th, and 12th month anniversary to touch base and answer questions or address concerns. This process will include informing the employee’s supervisor of potential areas of concern; as well as providing the employee with support and resources to increase their engagement. After each contact, the employee is provided with a token of appreciation for continuing his/her employment; at 3 months the employee receives a gift, at 9 months he/she is entered into a raffle and at 12 months, he/she receives an anniversary card.
- The HR Department has developed a data entry system, within Paylocity, that documents the dates that all agency employees have had their performance evaluations reviewed. This system will generate a list of needed evaluations to ensure that they are completed annually with all staff. The HR Department will initiate email reminders to all supervisors when performance evaluations come due.

The Quality of Life of the People We Support

WWAARC made a strategic decision and obtained accreditation with the Counsel on Quality and Leadership (CQL). This internationally recognized organization helps agencies focus on enhancing and providing a vigorous level of person-centered support that facilitates the achievement of personal goals and aspirations. As a CQL accredited organization, WWAARC maintains and evaluates a system of CQL Basic Assurances, CQL Shared Values and WWAARC's Person-Centered Excellence Plans that focuses on both the person supported and the agency system of support, to ensure quality standards are maintained and the values of WWAARC are upheld. CQL assists organizations in conducting an intensive self-survey process that eventually leads to an accreditation. During the week of 1/8/21, WWAARC engaged in CQL's reaccreditation process for the Person-Centered Excellence Accreditation. The reaccreditation process was successful and WWAARC achieved the Person-Centered Excellence Accreditation for the period of 1/8/21 through 1/8/25.

The CQL framework is an evidenced based system that includes an extensive data set of reliable and valid measurements of quality of life. This is most clearly demonstrated in the CQL Personal Outcome Measures (POMs), which are 21 areas that are determined by the person as to whether they are achieving his/her desired goals and whether the organization is providing the necessary supports. CQL's Personal Outcome Measures are comprised of five factors; My Human Security, My Community, My Relationships, My Choices, and My Goals. Each of these factors are as described below:

- *My Human Security*: Human Security indicators are essential, non-negotiable human and civil rights. While this includes a wide range of rights, from the right to access one's possessions to the right to privacy, there is also a requirement of freedom from physical or mental harm, including abuse, neglect, and mistreatment. People who receive services must be treated the same as people who do not; they must have dignity and respect, social stability, continuity, and security. People must have sufficient resources to meet their basic needs, as well as have person-centered services.
- *My Community*: People with disabilities have a right to be in the community, to access and interact with the world around them. Both the Americans with Disabilities Act (1990) and Olmstead v.LC (1999) require that people receive services in the most integrated settings as possible and people who are receiving human services and supports must have the same opportunities to access the community as other citizens. CQL recognizes the difference between community access and community inclusion, with the latter being the ultimate goal. While the characteristics of community may vary depending on personal preferences, as with all people, people who receive supports are integral community members and should be supported to fulfill multiple social roles in the community.
- *My Relationships*: Relationships, either with biological or chosen family, friends or romantic partners produce a sense of belonging. Relationships are personally defined, ranging from who one chooses to share information with, to a deep level of familiarity and intimacy. CQL believes relationships create links to the greater world that create a

blanket of security and help people who receive supports develop and maintain social roles. Social capital, the impact of social ties and relationships, promotes personal outcomes.

- *My Choices*: Choice is the ability to make decisions that affect one's life and community. Central to choice are self-determination, participation, and autonomy. WWAARC must accommodate people's preferences so they can get what they want and need.
- *My Goals*: Goals reflect aims for the future, including direction, dreams, and aspirations. While goals do not need to be realistic or achievable, they do need to be person-centered. WWAARC needs to support people who receive services to have experiences and opportunities that help them meet personal milestones.

The Personal Outcome Measures are relatively simple and straightforward but contain the characteristics that are very relevant to the WWAARC because:

- They are personal: Each person determines what quality of life means for him/herself and the unique life that he/she leads.
- They are outcome-based: The supports and services received are guided by the person and his/her expectations, and the results relate very much to what he/she wants and desires.
- They are measured differently: The CQL approach addresses the questions of priority and relevance for each person, based on the person's desires and definition of quality of life.

The information that is gathered for each supported person's POM is completed in a highly person-centric way in which a team of two interviewers meet with the supported person. Sometimes several discussions are required with the person in order to ascertain his/her wishes and needs, to assess the 21 Personal Outcome Measures (data measures) and to assist the person in developing focused priority goals. In addition, a staff member who knows the person the best is interviewed in order to gather additional information. During this POM process, the interviewers may also find it to be important to interview more than one staff member as well as some aspects of the supported person's personal record to ensure all necessary information is gathered. With this, the gathering of all documentation will lead to a more accurate determination if the POM is present for the supported person or if additional supports are needed on the supported person's behalf to achieve the POM. This process then carefully ascertains what is critically important to the person supported and that information is shared with the supported person's planning team. Additional desired outcomes may be integrated into the Life Plan and/or Staff Action Plan and/or be addressed informally (i.e., not goal based).

Personal Outcome Measures will be periodically reviewed with the person supported but at least on a semi-annual basis at his/her Life plan meeting when the supported person's progress is assessed and documented. This is a highly personal way to gather information and to ensure that the person supported is fully heard and considered and the values and objectives that are most meaningful are included in his/her goals and plans.

As this process unfolds, data will be obtained on whether people we support are reaching their aspired goals and if they have all of his/her necessary supports. The data gathered through the CQL POMs interviews will be analyzed periodically and presented at least once a year to the WWAARC's CQL Core/Support Committee, the Administrative team and the WWAARC Board of Directors. When the information is aggregated, it will provide WWAARC a story as to what additional steps may be needed to improve the quality of services and supports, whether it is in the area of training or supervision, access, actual services, and organizational structure.

The data will be collected and analyzed for trends and identify areas that require capacity building and support. Through these efforts, it is anticipated that the follow-up will result in a higher level of both person-centered services and the supported person's satisfaction. Some of this work will cause individual staff members, various programs, and management to re-evaluate what services and supports are provided, how they are provided, our expectations and assumptions, as well as our protocols and policies and procedures. In addition, the allocation of resources may also need to be re-evaluated.

The report outlining the POMS summary expected in 2022 was not completed due to limited POMS interviews as a result of COVID-19, among other things. The Sr. Director of Special Projects & Administration – Guardianship Coordinator prepared a report for WWAARC's CQL certification visit in 2022, which was shared with the Administrative team and the Board of Directors. In addition, in 2022 the Sr. Director of Special Projects & Administration – Guardianship Coordinator and the Sr. Director of Training engaged in a rigorous process to develop a training module pertaining to CQL's philosophy regarding POMS and a detailed description of the 21 POMS. This customized training module (*Overview of CQL's Personal Outcome Measures® New Staff Orientation and Refresher Classes*) was approved by CQL on 10/22/22 and the implementation has begun. For 2023, the Sr. Director of Special Projects & Administration – Guardianship Coordinator and the Sr. Director of Training will present this PowerPoint to the Board of Directors.

This major undertaking of the CQL Personal Outcome Measures will clearly hone the agency's focus on individualized person –centered supports, each supported person's health and safety, his/her rights, relationships, community life, the attainment of his/her choices and goals, and whether we have in place the appropriate degree of support. As data will be collected in 21 outcome areas, WWAARC will be able to measure its progress to achieve the benchmarks set by CQL.

- Focus will continue to be on implementing three Person-Centered Excellence Factors: Person-Centered Planning, Community Connections and Workforce, which play an integral role in Personal Outcome Measures. A training session regarding the introduction of POM's is offered with staff orientation training by the Training Department that occurs monthly. Refresher training is done annually and as requested. In addition, the Sr. Director of Special Projects & Administration – Guardianship Coordinator will ensure the certification of the POMs Interviewers is maintained as required by CQL. At this time, WWAARC has 2 currently certified instructors.

- The Sr. Director of Special Projects & Administration - Guardianship Coordinator and/or designee will aggregate and analyze the Personal Outcome Measures data to determine the impact on the lives of the people we support, and the results will be shared with WWAARC's CQL Core/Support Committees, the Administrative team, and the Board of Directors annually.
- The Sr. Director of Special Projects & Administration - Guardianship Coordinator, through informal meetings, training sessions and internal communications will focus on increasing educational opportunities for WWAARC employees on the Basic Assurances, Personal Outcome Measures and WWAARC's Person Centered Excellence plans in Person Centered Planning, Community Connections and Workforce.
- Under the direction of the Sr. Director of Special Projects & Administration - Guardianship Coordinator, the Administration team will continue to look at specific aspects of the following Basic Assurances Factors: Factor 1, Rights Protection/Promotion; Factor 2, Dignity and Respect; Factor 5, Best Possible Health; Factor 8, Positive Services and Supports; Factor 9, Continuity and Personal Security; and Factor 10, Basic Assurances System.
- The WWAARC Board of Directors will continue to be provided with periodic training and/or reports that focus on CQL's Personal Outcomes Measures and all components of WWAARC's CQL Person-Centered Excellence Accreditation.
- Under the direction of the Sr. Director of Special Projects & Administration - Guardianship Coordinator, the Administration team was able to refine and enhance WWAARC's current process of sharing the results of a CQL Personal Outcome Measures interview with the supported person's planning team in order to integrate what the supported person sees as his/her quality of life with the creation of the Life Plan, Staff Action Plan and/or with the development of an informal process to support the person's desired outcome.
- The Sr. Director of Special Projects & Administration – Guardianship Coordinator will be introducing this through the agency "Grapevine" that is published at least monthly, via postings in the agency, and/or via emails.

Human Resource Issues and Training

The Administrative team continually assesses the adequacy of staffing levels, staff competence, and staff performance and has a mechanism to address deficiencies. WWAARC has several mechanism for consistently reviewing recruitment and retention and ongoing staff development and training:

- The HR Department has developed a vacancy/openings log that provides at-a-glance information on staffing levels (staff vacancies by program site) that is updated weekly. Information from the Retention Survey is shared with the administrative staff, and periodically shared with the Corporate Compliance Committee. The HR Department updated the 'Stay Interview' process to decrease potential resignations within the first

eighteen months of employment. A quarterly report will be completed and shared with the Administrative team.

- The Sr. Director of Benefits provides the Safety Committee with data related to the number of injuries to staff (those that are OSHA reportable) while on the job. This data is analyzed and reviewed by WWAARC's Safety Committee. The committee will develop recommendations that will be dispersed to the appropriate program as needed. Additionally, this information will be submitted to The Arc of NY annually, by the Safety Committee.
- The Senior Director of Benefits will distribute the OSHA 300A report forms to each program location. These reports will be posted at the program site, so staff will be able to see how many work-related injuries occurred at that site. These reports will be distributed by February 1, 2023.
- WWAARC has policies/procedures for ongoing staff development and training that includes competency-based training as well as those that are required by OPWDD. Some of these trainings include:
 - The role of the Human Rights Committee - covered under 633.16 Person-Centered Behavioral Intervention regulations and WWAARC policy and procedure;
 - How to support people's families and friends with communicating with them and/or otherwise to keep in contact and maintain relationships - covered under Introduction to CQL and POMs and Natural Supports policy and procedure;
 - How to prohibit and prevent abuse, neglect, mistreatment, and exploitation - covered under Rights, Abuse, and Incident Reporting training and Incident Management policy and procedure;
 - Specific supports, services, policies, procedures, and/or person-directed plans when staff competency is identified as a potential or causal factor - WWAARC provides training as needed;
 - When potential underreporting of allegations of abuse, neglect, mistreatment, and exploitation is identified – WWAARC provides training as needed when issues come up;
 - To recognize and respond to people experiencing medical emergencies - covered under 1st aid/CPR, medical emergencies, and medical trainings that include First Aid, CPR, and general medication training, including how to recognize harmful side effects – also covered under 1st Aid/CPR and Medication Administration (AMAP);
 - Those that are based on input from support staff, input from people supported, and the results of internal and external findings - training is completed on an as needed basis;
 - Those that are based on adult learning theory that includes mentoring, on the job support and personal development planning; and
 - Those that are shaped by the needs of people we support and include training in skills and abilities needed to implement people's plans - covered under POM's training and billing training.

The Sr. Director of Training maintains training records for each employee and provides at-a-glance information on staff competence. The training records indicate what training has been completed as well as the dates of these training. Also included are any re-certification training dates.

The HR department has a data entry system, within Paylocity, that provides the dates employees have had their performance evaluations. This system will generate a list of needed evaluations to ensure that evaluations are being completed annually.

Board Governance

WWAARC's Board of Directors will provide oversight to all of WWAARC's programs sites and services to ensure the safety and well-being of people supported as well as to ensure congruence between WWAARC's mission, The ARC New York's mission statement and WWAARC's operations.

- The Board of Directors will have regular access to all sites and people supported through announced visits periodically throughout the year. A committee will be re-established to ensure visitation occurs in a sampling of programs (residential, supportive living and day habilitation) in both the northern and southern sites. A checklist will be developed to document these visits and the checklist will be provided to all Board members. In addition, special events at program sites or that include people we support will continue to be announced at Board meetings and included in the minutes.
- WWAARC's Board of Directors will ensure Board participation on the standing committee for the agency's Incident Review. The AED-QA will ensure that a Board member participates on the Incident Review Committee, which is required by regulation and Agency policy and procedure. On an annual basis, the AED-QA will provide the Incident Review Committee annual report to the Board which contains an analysis of trends for all of WWAARC's incidents. The results of the analysis will be used to improve overall quality and performance.
- The AED-QA/Corporate Compliance Officer will inform the Board of Directors of all WWAARC self-surveys/internal audits, regulatory surveys and/or external surveys or other communications from regulatory agencies that identify agency deficient practices or program specific trends.
- WWAARC's Board of Directors will ensure that the Administrative team has the means to continually assess the adequacy of staffing levels, staff competence and staff performance as noted above. WWAARC maintains a plan for ongoing and as needed staff development and training that meets OPWDD regulatory requirements. The Administrative team provides a regular summary of the activities of WWAARC services to the Board of Directors, which includes summaries relating to the adequacy of staffing

levels, staff competence, staff performance, deficiencies and activities related to people WWAARC supports.

- WWAARC's Board of Directors will ensure that expectations for ethical conduct are communicated and reinforced for all WWAARC employees, volunteers, contractors, vendors, and Board members. The Corporate Compliance Officer will ensure that all Board members and staff receive on-going training and sign the code of conduct as required.
- WWAARC's Board of Directors will ensure that WWAARC practices will encourage the development and expression of self-advocacy by the people supported and ensure that a process is in place for self-advocates to provide input to WWAARC practices and governance.
- The AED-QA will ensure the Quality Improvement Plan is reviewed and updated annually and approved by the Board of Directors. The AED-QA will send a copy of the Quality Improvement Plan and a Board Resolution adopting the plan to The Arc NY on an annual basis, by the end of the first month of the year.
- The Sr. Director of Special Projects & Administration - Guardianship Coordinator will ensure that any change to WWAARC policy statements and all new WWAARC policies will be presented to and approved by the WWAARC Board of Directors.

The Arc of NY Quality Indicators

To assess the quality of the entire organization, WWAARC will provide information to The Arc NY on a quarterly and annual basis, as required. This information, captured in three areas known as Indicators are; General Program and Operations, Statements of Deficiencies, and Incidents. Using the format provided by The Arc NY, the AED-QA or her designee will ensure the following information has been reported to assist with The Arc NY global quality initiative:

General Program and Operations

- Total # of full/part-time employees
- Total # of unduplicated individuals served in OPWDD program only
- Total #of individuals residing in IRAs
- Total # of full/part-time employees that have exited employment
- Total # vacant FTE DSP positions (CR 200 codes)
- Total #of budgeted FTE DSP positions (CR codes)
- Total # of vacant Frontline Management positions
- Total # of budgeted Frontline Management positions
- Total #of Frontline Management employees
- Total # of Frontline Management employees that have exited the position

- Total # of Emergency Room visits for individuals residing in IRAs
- Total # of full/part time DSPs employed by the Chapter
- Total # of full/part time DSPs who have exited the Chapter
- Total # of full/part time DSPs who have exited employment within the first 180 days of employment
- Total # of full/part time DSPs that have exited employment between 181-364 days of employment

Statements of Deficiencies

- Total # of OPWDD Bureau of Program Certification (BPC) surveys
- Total # of OPWDD of BPC surveys resulting in a formal Plan of Corrective Action (POCA)
- Total # of Office of Fire Prevention and Control (OFPC) surveys
- Total # of OFPC surveys resulting in a formal Plan of Corrective Action

Incidents

- Total # of substantiated investigations of reportable incidents -abuse and neglect

Prepared by Jacquie Stacey, AED-QA

Date approved by the WWAARC Board: 1/25/23