



Warren Washington & Albany
Counties Chapter, of
The Arc NY

Quality Improvement Plan
2024

Introduction

Warren, Washington & Albany Counties ARC is a chapter of The Arc New York. WWAARC is located in upstate New York and is a nonprofit organization serving nearly 800 individuals with intellectual and developmental disabilities. WWAARC is committed to enriching the lives of the people that it supports and to providing quality and meaningful services to them in all aspects of their lives. With this commitment, WWAARC maintains its certification with the Council on Quality and Leadership (CQL) accreditation and is implementing a 4 year “plan for excellence” which identifies the agency’s specific quality goals and action steps. WWAARC also maintains its system of Basic Assurances that are essential and fundamental requirements that demonstrate our successful systems in safety, health, and human security.

WWAARC’s mission is to provide services and opportunities to, and advocate for people supported with intellectual and other disabilities and their families enabling them to realize their full potential while becoming respected, contributing citizens of their 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 450 staff members is focused on assisting each person supported as an individual and for them 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 person support/family, the Agency, and Board of Directors that WWAARC will continuously seek to improve its services and management of the organization.

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 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 supported throughout Warren, Washington, and Albany Counties and strives to advance the quality of life of all people supported. WWAARC is family led and one of the top employers in the region with over 450 employees. 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 continues to provide a pro-active, person- centered approach to ensure that the people we support are involved in their decision making who will provide supports and what supports they want and need.

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

This Quality Improvement Plan (QIP) was created by taking into consideration The Arc New York Quality Standards and Oversight Committee requirements and is consistent with WWAARC's mission statement, core values and guiding principles. The plan has been developed with input from WWAARC's Sr. Administrative team that includes all Assistant Executive Directors and Sr. Directors/designees who represent all support areas across the agency. Goals, measurable actions and expected outcomes are included in the plan and are continuously being addressed throughout the plan year to identify the effectiveness of the plan. These goals and actions have been developed as a result of an analysis of data collected through the key areas for quality improvement.

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, Human Rights, 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 quality service to people we support and that supports our valuable workforce.

Key Areas for Quality Improvement

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

OPWDD Bureau of Program Certification (BPC) Reviews

- Best practices
- Statements of deficiency
- Exit conference deficiencies
- Recommendations
- Plans of corrective action
- Report on plan approval and need for additional improvement

- Office of Fire Prevention and Control annual surveys (OFPC)
- The Arc New York quarterly and annual data from Quality Metrics Dashboard
- The Arc New York quarterly statement of deficiency report on organization-wide trends

WWAARC Reportable and Significant Incidents

- Trends that include proactive measures as part of this process
- Recommendations for actions and plan of corrections
- Review by WWAARC's Incident Review Committee, including meeting minutes
- Plans of corrective action
- The Arc New York quarterly and annual data from Quality Metrics Dashboard

Self-Surveys/Audits

- Residential and day services audits by the Quality Assurance and Improvement team that help identify risk areas
- Corporate Compliance audits of billing and compliance across programs
- Protocols used to conduct self-assessment
- Statements of deficiencies
- Exit conference forms
- Plans of corrective actions
- WWAARC incident trend reports

Quality of Life and Satisfaction Levels of the People We Support

- CQL Personal Outcome Measures
- Satisfaction surveys for people supported/families/advocates
- POMS planning process
- Living situation and privacy assessments
- Grievance information
- Results of DQI person-centered and other surveys

Quality and Satisfaction Levels of WWAARC's Workforce

- Workforce satisfaction questionnaire/survey
- Adequacy of staffing levels
- Workforce development and training expectations
- Retention rates and surveys
- Performance evaluations
- OSHA reportable injuries

Activities to Achieve the Key Areas in Quality Improvement

WWAARC is committed to achieving the highest quality of standards and relies on all its stakeholders in achieving this goal. All members of WWAARC's Senior Administrative team support its mission and vision and are directly involved in the management, participation and development of this QIP. The

mission, vision and continuous quality improvement is also supported by WWAARC's policies and procedures as written and implemented. WWAARC's Board of Directors is responsible for ensuring that the QIP is being implemented as written. The following are key areas WWAARC focuses on to ensure the highest level of satisfaction and quality throughout all its program areas.

Bureau of Program Certification Reviews

Statements of Deficiencies (SODs) 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 WWAARC 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 in an effort to prevent further significant concerns. All SODs and POCAs are posted on the agency internal intranet to improve transparency and to implement consistent responses to deficient areas across all program services of the agency.

The Bureau of Program Certification may also provide an exit conference form for deficiencies that do not rise to the level of an SOD. Although it is not required to provide a formal, written response, WWAARC will typically meet to develop an informal plan of corrective action to address the deficiency. WWAARC's Administrative team is invited to attend and provide feedback and suggestions on how to address the deficiency across the board and as appropriate.

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

- Ensuring that OPWDD survey teams have access to the information and the sites that they are surveying and will assist the survey team during its reviews;
- Ensuring trending regarding agency deficiencies is completed on an annual basis to determine the areas in need of addressing to reduce the number of potential deficient practices;
- For all certification reviews, including OFPC, that result in a statement of deficiencies, the AED of QA will coordinate a comprehensive plan of corrective action (POCA). The AED of 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 New York;
- Maintaining, aggregating, and analyzing data on the OPWDD surveys; and
- Sharing survey data with the Board of Directors and The Arc New York annually/quarterly as outlined in The Arc New York's Quality Data Reporting system.

Other, more serious deficiencies would 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, would require immediate action and correction; without a satisfactory response, OPWDD may choose to decertify the program or transfer the operating certificate to another organization. WWAARC has not received such a letter for some years.

OFPC continues to complete annual audits of all of WWAARC's life safety code homes, to ensure compliance with all fire and safety regulations and in alignment with OPWDD's requirements. Any noted deficiencies by OFPC are sent to OPWDD and results in an SOD, which will require a POCA. There were no noted deficiencies during 2023 for life safety code homes in the southern area, but OFPC has not surveyed the life safety code homes in the north at this point in time.

Progress summary: WWAARC has received 14 SODs over 2023, mostly relating to HCBS waiver settings. OPWDD indicated that they would be issuing SODs on every settings deficiency, regardless of the severity of the issue: Seven (7) were related to not meeting the requirements for the home and community based services (HCBS) waiver, with three (3) of those relating to not ensuring people supported have regularly scheduled and unscheduled access to their community. One (1) of these SODs was received 10 months after the initial survey that was originally noted to be only an exit conference form. Three (3) of these SODs were related to not ensuring proper bedroom door locking mechanisms and key access.

For those noted under the HCBS waiver, these findings include people supported not having access to keys for their home/bedrooms, locks on bedroom doors not being those approved by OPWDD (push pins) and a lack of desired community access and integration. It is noted that push pin locks were originally approved by OPWDD DQI to be used in our homes, but then declared they did not ensure only specific people has access to people supported bedrooms. OPWDD continually noted the push pin locks as a deficiency, even after an approved SOD was received with a completion date that was still months away.

Three (3) were related to health and safety supports and two (2) others were given as a result of rights restrictions and behavioral supports.

As with all SOD's, a plan of corrective action (POCA) was developed for each SOD and submitted to DQI for approval. The AED of QA will ensure that WWAARC continues to focus on auditing and improving the rights, choices, and options of the people we support, especially through the use of self-auditing.

Goal area: WWAARC's goal is to decrease the overall number of statements of deficiencies from DQI for 2024.

Measurable action: Based on the trending of SODs received over the last year under the HCBS waiver, particularly community integration and access, WWAARC will strive to ensure all people supported continue to have full, desired access to their home and community. This will be measured by analysis of SODs received both before and after the implementation of this Quality Improvement plan.

Chapter Reportable and Significant Incidents

WWAARC is committed to ensuring the health, safety, rights and freedom from abuse, neglect and exploitation of the people it supports on the highest level. It takes very seriously the issue of reporting and investigating incidents as defined by OPWDD in the Part 624 and 625 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 more focused information to ensure that all incidents are reported in a clear, concise, and timely manner.

In addition, Board members also receive Incident Review training within the first 3 months of joining the Board, and then annually thereafter.

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 their investigation. This investigative report is reviewed by supervisory staff and submitted to the agency Incident Review Committee (IRC). 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 that 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.

On an annual basis, the AED of 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 approved by the full Board of Directors annually.

The AED of QA will also take into consideration The Arc New York's quarterly and annual quality metrics data, corrective action plans and the information from the annual incident trend report to determine areas that need further oversight to improve quality within WWAARC's incident reporting processes.

Progress summary: Based on WWAARC's incident trend analysis for 2023, WWAARC filed a total of 212 incidents under the 624 regulations. Thirty (30) were reported as allegations of abuse, with a total of thirteen (13) being considered to be substantiated, with the majority being due to neglect, in the areas of improper supervision and not adhering to a person supported's plan of care. This is an increase of 16 from 2022. There were also 34 significant reportable incidents filed in 2023 as well. Based on the trend analysis, recommendations made to the Board to help preventing further incidents include:

- Refining training/re-training and meetings to include as much face-to-face as possible to foster knowledge, teamwork and overall communication;

- Continued training/re-training with all staff regarding the 624/625 regulations and the agency policy and procedures;
- Continue to focus on recruitment and retention of the workforce to ensure stability in the lives of the people we support; and
- Work towards reducing the number of incidents overall.

Goal Area: WWAARC's goal is to decrease the overall number of allegations of abuse that are determined to be substantiated.

Measurable action: Due to review of all allegations of abuse/neglect filed in 2023, WWAARC will decrease the number of substantiated incidents by increasing training opportunities for all staff, supervisors and agency leaders in incident management, abuse prevention and positive relationships while encouraging more in-person trainings. The number of reportable allegations that are substantiated will be noted before these trainings as compared to those after in an effort to eliminate these incidents all together.

Self-Audits/Surveys

Routine self-survey activity can provide valuable information in the areas in need of improvement in the quality of care of the people supported, as well as the overall performance of WWAARC's programs. Based on assessment of risk and need, WWAARC's Quality Assurance and Corporate Compliance departments conduct self-audits and surveys on a sample of programs identified as high risk using OPWDD current re-certification protocols, WWAARC's risk assessment, The Arc New York checklist, WWAARC's incident trend analysis and/or other related guidance such as statements of deficiencies, exit conference forms, OMIG audit protocols, etc. Risk is assessed based on prior plans of corrective action, prior exit conference forms, survey outcomes, identified trends, investigations, staff/management feedback and through the agency risk assessment process. This self-audits/survey information are provided to the Administrative team and an analysis of the total agency findings is reviewed regularly with the Board of Directors.

WWAARC has the 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 earlier or more frequently as needed, while others will be completed prior to previous self-audits/surveys when able.

The AED of QA and the Quality Assurance and Improvement team strive to audit all WWAARC programs and services on an annual basis. Any concerns that require immediate attention or action to correct are communicated with the administration of the program being audited, in order to ensure that it is corrected immediately. After each Quality Assurance self-audit/survey, a written statement of findings is developed that is consistent with current OPWDD protocols. The Program Director of the program audited will ensure a plan of corrective action, with completion dates, is developed and implemented. Meetings with the entire program team will occur within 45 days of the receipt of the report and a written report of the responses, including systemic responses will be reviewed and revised as needed. After the team review of the plan, the final written version of the entire self-audit is distributed to the Executive Director and Sr. Administrative team to ensure consistent expectations.

Progress summary: Based on the analysis of WWAARC's internal auditing through the Quality Assurance and Improvement department, there are several notable deficient areas relating to the HCBS requirements, health care and safety across programs. The top deficient areas include administration of medications, access to professional health care services, ensuring satisfaction with living situations and ensuring that the site is clean and safe overall.

The satisfaction of people supported living in WWAARCs residential homes was the most cited during QA's 2023 self-audits. The Living Situation and Privacy satisfaction assessment, the form developed by WWAARC to assess the level of satisfaction of people supported within their homes, was originally developed to ensure that people had what they needed and wanted and they had full access to their home and community. All residential homes, with the exception of one, had at least one deficient practice in this area. Home and Community Based Services waiver has been a focus for all DQI surveys at this time and continues to be a focus for the QA department.

Access to appropriate health care was another noted area of concern with self-audits and were among the top 10 deficiencies. This included administration of medications per doctor's orders, medical follow up and ensuring health needs are provided per each supported person's plan of care.

The third (3rd) deficient area is related to a safe and clean environment, which includes such deficiencies in fire safety practices, emergency procedures and having access to a clean and safe environment.

Goal Area: To improve the satisfaction of people supported who live in it homes and reduce findings related to HCBS and health care.

Measurable action: Based on WWAARCs trending of self-audits, WWAARC will provide on-going in-person trainings to the workforce and residential teams regarding strategies for improving the happiness of people supported living in its residential homes. This will include training on the necessity of understanding the HCBS waiver requirements by adding a specific training to the orientation training calendar as well as re-training with residential teams on the completion and implementation of the satisfaction living and privacy assessment.

In addition to the Quality Assurance department audits, WWAARCs Corporate Compliance department will conduct quarterly billing reviews/audits of program services throughout the year, in alignment with its effective Compliance program. Typical audits are random; however, special attention is given based on the following circumstances: new services, trends identified from investigations, significant changes in program management or plan writers, significant findings on previous audits, services that have encountered updated regulations/administrative memoranda and services highlighted on the OIG/OMIG Work Plans. The Corporate Compliance department also attempts to expand audits to reach different service plan writers and management team members. Informal discussions regarding trends in deficient practices are shared with the Corporate Compliance Committee and management.

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discussions regarding trends in deficient practices are shared with the Corporate Compliance Committee and management.

Progress summary: Based on the analysis of WWAARC's internal auditing through the Corporate Compliance Department, there were several deficient areas relating to Billing Requirements. Out of the 16 audits completed in 2023, six of them had findings/deficiencies. The top deficient areas included wording inconsistencies between the Staff Action Plan and Life Plan and documents missing required billing elements.

The wording inconsistencies between the Staff Action Plan and Life Plan documents was the most cited area through the Corporate Compliance 2023 Self Audits. It was noted that Valued Outcomes and Safeguard/Support areas did not match between the two documents, and this was found in 3 of the audits that had deficiencies noted. Documents missing a required element such as the Medicaid Number or a signature was another noted area of concern in the audits. Other areas of concern include a safeguard not listed in the Staff Action Plan, inaccurate dates, and a Retainer day billed incorrectly.

Annually as required, a Compliance Work Plan is created which consists of areas to focus on to strengthen the Compliance program. The following identifies relevant goals that are included in the plan for 2024:

Goal Area: WWAARC will increase billing audits, with a target of 100% of HCBS Waiver programs; minimum 10% sample of each.

Measurable Action: With the expansion of the department and additional personnel, it is hoped that WWAARC will be able to increase its auditing activities. Success in this effort will be determined by calculating the differences between the number of audits completed pre and post addition.

Goal Area: WWAARC will improve its systemic response to compliance concerns by addressing corrective actions effectively.

Measurable Action: WWAARC will establish an agency-wide approach to incorporating corrective actions that are identified from compliance investigations. A Compliance/Program Administration workgroup has been established and will meet routinely to discuss findings from Compliance investigations and recommendations. The workgroup will consist of the various entities within the agency and will collaborate to provide systemic wide responses in an attempt to avoid recurrence.

Quality of Life and Satisfaction of the People We Support:

WWAARC is committed to meeting and advancing each supported person's personal needs regarding the quality of the services they receive in all aspects of their lives. It is imperative to the agency's mission to provide services and opportunities to, and advocate for the people it supports, and their families, enabling them to realize their full potential in our communities. It is WWAARC's desire 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.

WWAARC strives to ascertain genuine feedback regarding satisfaction with agency supports and services from the people we support, their family members, guardians, and advocates through annual opinion questionnaires and/or surveys. The results of such surveys are reviewed by the Administrative team and

Board of Directors and used to enhance personal preferences and to voice unmet needs. This feedback is invaluable in supporting and maximizing each person's quality of life and the information gathered from these questionnaires/surveys is vital in determining the need for WWAARC to modify its policies and practices.

The most effective method used to gather information on the quality of WWAARC's supports is the completion of the Satisfaction Survey for Services. This survey will be distributed annually and identifies areas of success and areas in need for growth of the person supported. The results and any other additional information noted in the completed satisfaction survey is forwarded to the appropriate Assistant Executive Director to analyze and determine if any necessary follow-up is warranted and will then distribute to the Administrative team and the Board. Any suggested changes or updates to WWAARC's policies or processes will be reviewed by the Administrative team.

Progress summary: In 2023, it was WWAARC's goal to provide the people supported and their families/natural supports with the 2023 Satisfaction Survey for Services for their review and completion. In reviewing the process, the Senior Director of Special Projects, Administration and Guardianship determined that implementing the 2022 survey in January 2023 would hinder the results of the 2023 survey as it could be perceived as a duplicate request. With that, the Satisfaction Survey for Services for the year 2023 will be disseminated to the people supported, their family members, guardians, advocates and staff (for those people that do not have any natural supports) in March 2024 with a reasonable return date in April 2024.

Goal Area: To fully implement a satisfaction survey in early 2024 to increase the feeling of involvement in improving the quality of lives of all the people WWAARC supports.

Measurable action: Based on the data supporting WWAARC's efforts to determine the satisfaction of the people it supports, the agency will update its database and review/redefine its procedures in ensuring surveys are disseminated, received and the data aggregated in order to address and improve any areas of concern.

WWAARC also continues to utilize a Living Situation & Privacy Satisfaction assessment to review when a person supported moves to a new living situation or when their current living situation changes dramatically. The assessment is completed with the person supported, by the management team of where the person supported lives, and assesses their sense of security, degree of privacy and overall happiness within their home. This assessment is a successful way of measuring the supported person's overall satisfaction and continues to be a useful tool in measuring the quality of life each person supported experiences.

Progress summary: WWAARC developed a policy - Resolution of Concerns Expressed by People Supported, Families, Legal Guardians, Advocates, and the Public (Grievance procedure) - to ensure speedy remediation to expressed concerns. This draft policy included two options for people supported and natural supports to express their questions/issues/concerns. However, due to concerns noted at the Board level regarding the security of possible personal health information, this procedure was put on hold until a resolution could be established and agreed upon by the Sr. Administrative team. In the meantime, the Senior Director of Special Projects, Administration and Guardianship/designee will collect any grievances or complaints on a quarterly basis. These concerns will be analyzed, trended, summarized and the information will be shared with the WWAARC CQL Accreditation Core Committee for review and approval and then with the Administrative Team.

Goal Area: To improve the agency's response to grievances and dissatisfaction from the people it supports and their families and natural supports.

Measurable action: Based on the absence of effective data representing the agency's response to internal and external grievances and the lack of an effective policy, WWAARC's CQL Accreditation Core Committee will review, modify and implement the draft policy in order to enhance the quality of the lives of the people it supports.

WWAARC's commitment to person-centered planning and delivery of necessary supports and services is evident with its continued accreditation with the Counsel on Quality and Leadership (CQL). WWAARC engaged in CQL's reaccreditation process for the Person-Centered Excellence Accreditation with successful completion for the period through January 2025. This internationally recognized organization assists WWAARC to 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 focus on both the person supported and the agency system of support, to ensure quality standards are maintained and the values of WWAARC are upheld.

The CQL framework is an evidenced based system that includes an extensive data set of reliable and valid measurements of quality of life that 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 their desired goals and whether the organization is providing the necessary supports. The Personal Outcome Measures® are relatively simple and straightforward but contain the characteristics that are very relevant to 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; and
- 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 interviewers meet with the supported person. Sometimes several discussions are required with the person in order to ascertain their wishes and needs, to assess the 21 Personal Outcome Measures® (data measures) and to assist the person in developing focused priority goals. 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® are periodically reviewed with the person supported but at least on a semi-annual basis at their 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 is obtained by the Sr. Director of Special Projects, Administration and Guardianship on whether people WWAARC supports are reaching their aspired goals and if they have all of their 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 Committee, the Sr. Administrative team and the WWAARC Board of Directors. When the information is aggregated, it provides 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

Progress summary: In 2023, the Sr. Director of Special Projects, Administration and Guardianship determined that WWAARC's POM certified trainers would conduct all the required POM interviews in order to assure reliable results. As a result, the Sr. Director of Special Projects, Administration and Guardianship 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 and the implementation began.

The Sr. Director of Special Projects, Administration and Guardianship, 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. The Sr. Director of Special Projects, Administration and Guardianship will also be introducing this through the agency "Grapevine" that is published at least monthly, via postings in the agency, and/or via emails.

Goal area: WWAARC will increase its promotion of its CQL Accreditation.

Measurable action: Based on a lack of data regarding the agency's overall successes with the continued implementation of the Personal Outcome Measures®, the Sr. Director of Projects, Administration and Guardianship will design an agency wide plan to address and enhance the promotion of CQL. This plan will include a variety of approaches such as training sessions, information meetings, refresher training and internal communications for our workforce and the Board of Directors.

In addition to the above noted activities, WWAARC also measures and examines the use of overall behavioral restrictions throughout the agency in an effort to determine what can be done to continue to decrease and eventually discontinue the need to continue with their use. All behavioral restrictions are reviewed and approved by WWAARC's Human Rights/Behavior Management Committee and an annual

review is developed and presented to the committee in order to ensure WWAARCs continued commitment to overall reduction in restrictions.

Progress Summary: For 2023, the review of overall behavioral restrictions throughout WWAARC, it was noted that there were lesser reductions in restrictions as compared to 2022, which could be attributed to a noted increase in environmental restrictions that would affect all the people supported in their homes, as compared to only one. In 2023, WWAARC modified its Person Centered Behavior Intervention policy to not include some health and safety interventions as restrictions. Given this, there was a noted decrease in overall restrictions in the health and safety area.

Along with this, 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, and Guardianship completes a review and assessment of its program, utilizing the self-assessment tool adapted by The Arc NY in an effort to determine challenges faced by the committee and strategies for improving on the strengths of the Guardianship Committee. The Arc NY Guardianship Program Chapter self-assessment will be presented to the Board of Directors no later than November 30th of each year.

WWAARC also continues to encourage active participation from people supported, who have human rights and other restrictions, to attend monthly Human Rights Committee meetings to advocate for themselves in respect to lessening current restrictions. The committee encourages in person participation but will also listen to and address people supported who may have to call in, given any unforeseen circumstances or other health related issues. Although the number of people supported who attend the meetings is relatively low, they are consistently invited to attend, be involved and advocate on their behalf. In addition, WWAARC is hoping to find a person supported who would be interested in becoming a member of the committee as well.

WWAARC also has active representation from people supported on both divisions of its Incident Review Committee as well as a representative on the Informed Consent Committee.

Quality and Satisfaction Levels of WWAARC's Workforce:

WWAARC believes that a motivated and empowered workforce will have a positive impact on the well-being of the people they support and creates a safe environment with all members working collaboratively to support WWAARC's mission and vision. Based on this belief, WWAARC continues to ascertain feedback regarding satisfaction from our workforce through a variety of 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 WWAARC supports. The results of any of these surveys are compiled and then reviewed by the members of the Sr. Administration team, the AED of QA and the Corporate Compliance Committee and are utilized to improve and enhance operations and workforce satisfaction. As needed, other WWAARC employees will be informed of survey findings and actions taken as a result of such surveys.

The AED of HR & Support Services shall coordinate the following activities:

- The Human Resources Department will distribute a satisfaction survey for use throughout the agency to obtain feedback from its workforce. 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.
- As directed by the Sr. Administrative team and/or Corporate Compliance Committee, any actions that result from the responses to the survey shall be implemented under the oversight of the AED of HR & Support Services and provided to the AED of QA.
- The HR Department has also developed a log/spreadsheet that provides information on staffing levels (staff vacancies by program site) that is updated regularly. When an employee resigns from a position at WWAARC the HR Department will offer a resignation survey to that employee and the information from this survey is shared with the Sr. Administration team, the AED of QA and the Corporate Compliance Officer. The Corporate Compliance Officer will develop a spreadsheet and then share the results with the Corporate Compliance Committee on a quarterly basis.
- The HR Department completes “retention surveys” as an attempt to maintain their satisfaction in the hopes of keeping them employed. These retention surveys are completed by the HR Department with the new workforce member at the 1st week and 3rd month anniversary. Survey results are shared with the Sr. Administrative team, the AED of QA and the Corporate Compliance Officer. The HR Department also provides a gift to new hires at their 6 month anniversary and an anniversary card at one year.
- The HR Department will request a workforce member to complete a “Transfer survey” when they complete a request to transfer to a different program within WWAARC. Results of this survey are shared with the Sr. Administrative team, the AED of QA and the Corporate Compliance Officer on an on-going basis.
- The HR Department will continue to facilitate a weekly focus group discussion involving program administration to discuss recruitment, retention and recognition. Staffing vacancies are reviewed and recruitment ideas are formulated. WWAARC now has 2 Talent Acquisition Specialists that attend job fairs, make contacts with area schools to promote DSP positions/internships and continue to advertise on both social media and area community organizations.
- The HR Department continues to survey newly hired workforce members with a, “Getting to Know you Survey” that is forwarded to their supervisors in increase engagement, retention and fun. In 2023, WWAARC hired 235 workforce members and 87% of them completed this survey.

WWAARC also publishes a monthly newsletter that recognizes accomplishments of the people it supports as well as members of its workforce with specific and individualized appreciation and thanks for all that they do on a daily basis. Any workforce member is encouraged to thank any co-worker or

recognize them for specific accomplishments they have achieved. Through WWAARC's Spirit Committee, workforce members are recognized in a variety of other ways as well.

Other WWAARC recognition activities include:

- DSP week celebrations in September
- Weekly, "Just Because" award winners
- Monthly workforce member recognition prizes
- Hall of Fame plaques displayed at both locations
- 30 year parking spots with a plaque identifying name
- Random monthly drawings for "Employee of the Month" parking spots

Progress summary: Based on results of satisfaction surveys distributed in 2023, it was noted that the workforce felt that working with the people they support is the best part of their job along with being a part of recreation, outings and projects. In addition, it was noted that compensation and staffing continues to be the largest obstacle in retention of members of WWAARC's current workforce. As a result of these surveys, some suggested career enhancements, other than staffing, include more support, training and guidance.

Goal area: WWAARC will analyze data from satisfaction surveys of its workforce to identify specific areas to improve retention in order to reduce turnover.

Measurable actions: Based on the responses received as a result of HR satisfaction surveys, WWAARC will improve the total number of responses by revising the survey tool and process itself, as needed. With those survey responses received, specific attention will be given to expanding on the areas of positive feedback received throughout the agency as well as focusing on the areas identified as reasons for leaving employment. On a quarterly basis, the HR Department will determine if survey questions need to be revised to capture more clarifying information regarding workforce departures. Survey results will continue to be shared with the Sr. Administrative team, the AED of QA and the Corporate Compliance Officer, seeking collaborative feedback.

WWAARC is also committed to ensuring and encouraging a skilled workforce that understands its role in providing the highest quality of care. Annually and as needed, all workforce members will be evaluated on their performance and will be encouraged to identify goals that will further enhance their ability to provide peak performance when working with the people it supports. The HR department has a data entry system that provides the dates employees have had their performance evaluations. This system will generate a list of needed evaluations to ensure that evaluations of the workforce are being completed annually.

WWAARC continues to be totally committed to developing a skilled workforce and maintaining a safe working environment by embracing policies and procedures for ongoing staff development and training, that includes competency-based teachings as well as those that are required by OPWDD as

part of 14 CRR-NY 633.8. WWAARC maintains a comprehensive training program that exceeds OPWDD standards. All staff are required to attend initial orientation training as well as annual refresher trainings. In addition, WWAARC also supports and includes competency based training consistent with The Council on Quality Leadership. Some of WWAARC training focuses on the following:

- Characteristics of people with I/DD, human growth and development, human sexuality and security and other trainings to enhance new workforce members with a solid base of understanding and compassion;
- Rights and responsibilities of people supported and the role of the Human Rights Committee in relation to behavioral restrictions - covered under 14 CRR-NY 633.16 Person-Centered Behavioral Intervention regulations and WWAARC policy and procedure. This also includes positive relationships and safe environments;
- Person Centered Services and how to support families and friends with communicating with the people WWAARC supports and/or otherwise ways to 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 along with potential underreporting of abuse, neglect, mistreatment and exploitation - covered under Rights, Abuse, and Incident Reporting training and Incident Management policy and procedure. WWAARC also provides continued re-training as needed and when issues are identified through the incident reporting processes;
- Providing guidance on supporting people with advocacy, diversity, empowerment, equity, and inclusion. This includes new training on supporting people with LGBTQ+ transitioning and WWAARCs 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 also provides continued re-training as needed when issues arise;
- Recognizing and responding to medical emergencies - covered under 1st aid/CPR, medical emergencies and medical trainings that include First Aid, CPR, and general medication training. This also includes how to recognize harmful side effects, covered under Medication Administration (AMAP) training;
- Those that are based on ensuring the safety of people supported during personal care as well as in their everyday lives. These include safe transferring, fire safety, levels of supervision and dietary consistencies. In addition, re-training is also provided as needed based on input from people supported, incident recommendations and the results of internal and external findings;
- The satisfaction of the people WWAARC supports while living in residential homes, by way of the HCBS waiver;

- Those that are based on adult learning theory that includes mentoring, on the job support and personal development planning. WWAARC provides on-going leadership development skills training to enhance the skills of current leaders and to provide guidance for upcoming future leaders. WWAARC is committed to supporting these staff who are dedicated to improving the quality of life for all people supported in its agency.

The Sr. Director of Training and the Training Coordinator maintain training records for each workforce member that provides at-a-glance information on staff competence. The training records indicate what training and/or re-training has been completed as well as the dates of these training.

Progress Summary: WWAARC believes that workforce members must be fully trained in order to support people in the most positive and safe environment. Based on WWAARC's policy, new employees are required to complete new hire orientation training prior to working independently, as much as is reasonably feasible. They are required to complete all their training within 90 days, with the exception of SCIP-R, which is capped at 120 days. Members are also required to complete annual refresher training every year. During 2023, WWAARC updated its training policy and procedures to address workforce members who fail to complete annual training within the required time frame. With this update, those workforce members delinquent in completing their annual trainings will be placed on administrative leave until the completion of the training, if it is not completed within 45 days of expiration. The Sr. Director of Training provides regular reports to the Sr. Administrative team of those workforce members who fail to complete annual trainings.

Based on a review of the existing WWAARC workforce, all members have completed annual trainings and new hires are those members who are not completing trainings within the allotted time. There are several newly hired members who are currently on administrative leave due to failure in receiving their required trainings.

With the lifting of the state of emergency during 2023, training requirements changed and trainings were no longer required to occur virtually.

Goal: WWAARC is committed to ensuring a fully, well-trained workforce.

Measurable action: Based on the lifting of COVID restrictions and the restrictions of face-to-face trainings, WWAARC will move to providing most trainings in person and in a group format, as much as possible. The Training Department will determine, based on a review of the current formats, what trainings to restore to in person trainings for the entire workforce. In addition, the Training Department will review and revise orientation trainings for newly hired members of the workforce to determine how to provide more quality trainings, overall, in an effort to boost their morale and encourage retention.

Along with training, WWAARC believes that safety in the workforce is necessary to ensure retention of its members. Reducing injuries in the workplace leads to a more stable and satisfying environment, thus leading to less turnover. 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 develops recommendations that are dispersed to the appropriate program, as needed. Additionally, this information will be submitted to The Arc New York annually, by the Safety Committee.

The Senior Director of Benefits will distribute the OSHA 300A report forms to each program, location and the AED of QA annually. These reports will be posted at the program site, so members of the workforce are able to see how many work-related injuries occurred at that particular site. These reports will be distributed by February 1, 2024.

Governance Role in Quality Improvement

WWAARC's Board of Directors provides oversight to all of WWAARC's programs sites, policies and services to ensure the quality of life, safety and well-being of people supported as well as to ensure congruence between WWAARC's values, mission and vision, The Arc New York's mission statement and WWAARC's quality operations.

The WWAARC Board of Directors ensures that the Quality Improvement Plan conforms to its mission and vision and reflects The Arc New York's core values. The AED of QA will summarize progress within the Quality Improvement Plan on an annual basis and ensures it is reviewed by the Sr. Administrative team and updated annually, as needed. The AED of QA will ensure the plan is personally presented to and approved by the Board of Directors at a regular Board meeting. The Board of Directors will be aware of the data reflecting progress within the plan and will make recommendations for changes, as needed, to ensure quality improvement throughout WWAARC's programs.

In an effort to guarantee quality improvement, the role of the Board of Directors will include:

- Having regular access to all sites and people supported through announced visits periodically throughout the year. A checklist is utilized to document these visits and the checklist will be provided to all Board members after the visits occur. In addition, special events at program sites or events that include people we support will continue to be announced at Board meetings and included in the Board packets and minutes.
- Ensuring participation on the standing committee for the agency's Incident Review and Human Rights Committee. The AED of QA will ensure that a Board member participates on the Incident Review Committee, which is required by regulation and WWAARC policy and procedure. On an annual basis, The AED of QA will provide the Incident Trend Report to the Board which contains an analysis of trends for all of WWAARC's incidents. The Trend Report includes a summary of recommendations meant to improve WWAARCs overall quality and performance as well as prevention of future incidents.
- Ensuring Board participation on WWAARCs Human Rights/Behavior Management Committee. Although this is not a requirement of regulation, WWAARC believes that the oversight of agency restrictions and practices is necessary to ensure compliance with the agency's values regarding rights, dreams and aspirations of the people it supports.
- Review of surveys and audits of both regulatory agencies as well as those completed internally. The AED of QA/Corporate Compliance Officer continues to 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.

- Ensuring that the Sr. Administrative team has the means to continually assess the adequacy of staffing levels, workforce competence and performance as noted previously. WWAARC maintains a plan for ongoing and as needed staff development and training that meets and exceeds 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, workforce competence, workforce performance, deficiencies and activities related to people WWAARC supports.
- Ensuring 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 regarding compliance and sign the code of conduct as required.
- Ensuring 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.
- Ensuring that WWAARC policies and procedures are reviewed and approved as per agency standards. The Sr. Director of Special Projects, Administration and Guardianship 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 AED of QA will send a copy of the Quality Improvement Plan and a Board Resolution adopting the plan to The Arc NY via its portal, on an annual basis, by the end of the third month of the year.

Prepared by Jacquie Stacey, AED-QA
3/8/24

Date approved by the WWAARC Board: 3/27/24