

SUNSHINE VILLAGE
Performance Management System
Bi-annual Report for Fiscal Year 2025 - June 2025

I. INTRODUCTION

Sunshine Village's Performance Management System is an application of a variety of approaches to assess the implementation and utility of services provided. It is an outcome-based tool that evaluates the agency's services and overall performance with the purpose of improving operations based upon information and customer input. At the end of each calendar year, an Annual Report is completed while at the end of each fiscal year, in July, a Bi-annual Report is completed.

This **Bi-annual Report** *includes* measures in the following Critical Areas:

- Accreditation, Licensing and Compliance Surveys
- Organizational Performance
 - Stakeholder Satisfaction Assessment
 - Funding and Referral Sources
 - Workforce Management
 - Organizational Goals
 - Employee Engagement and Satisfaction Survey
 - Professional Development
 - Recognition
 - Technology
 - Organizational Goals
 - Goodwill, Marketing and Resource Development
 - Organizational Goals
 - Service Delivery
 - Programmatic Goals
 - Efficiency and Effectiveness Measures
 - Census Data
- Quality Assurance / Programs
- Strategic Planning
 - Three Year Strategic Plan for Fiscal Years 2024, 2025 and 2026

II. ACCREDITATION, LICENSING AND SURVEYS

A. ACCREDITATION: Sunshine Village was surveyed by the Commission on Accreditation of Rehabilitation Facilities – CARF – in March of 2023 and was awarded a three-year certification. The report complimented the organization in a multitude of areas. SSV is now preparing for its upcoming survey – which will take place in April/May of 2026.

B. LICENSING: The agency underwent a survey from the Office of Quality Enhancement from the Department of Developmental Services in April of 2025. Sunshine Village received a two-year certification and achieved a “stellar” result – realizing 66 out of 67 standards – 99%. The next survey is anticipated to take place in April of 2027.

C. COMPLIANCE SURVEYS

CORI AUDIT: The annual CORI Audit was completed in April of 2025 by the DDS CORI Administration from the Executive Office of Health and Human Services. The result of this audit was that there were no problems.

SOURCEAMERICA CONTRACTOR ASSESSMENT: The annual Contractor Performance Assessment Report (CPAR) was completed on July 9, 2025. Satisfactory ratings were achieved in all areas, being Quality, Schedule, Cost Control, Management, Small Business Subcontracting and Regulatory Compliance.

III. ORGANIZATIONAL PERFORMANCE

A. STAKEHOLDER SATISFACTION ASSESSMENT: SSV is committed to achieving high levels of satisfaction within each stakeholder group, within the constraints of fiscal realities. To identify satisfiers and dissatisfiers, the agency formally assesses its stakeholder groups, including clients, families/guardians, funding/referral sources, business partners and employees on an annual basis through its Stakeholder Satisfaction Program. In addition to the formal program, satisfaction levels are assessed on a continuous, albeit less formalized, basis. Other mechanisms for gathering information include focus groups, forums, individual meetings and telephone conversations. The information gathered assists in planning purposes, allowing SSV to individualize services; make improvements on a programmatic and organizational scale; anticipate future needs and exceed present expectations.

Satisfaction levels from clients and families/guardians are communicated within SSV’s Annual Performance Management System report.

FUNDING AND REFERRAL SOURCES: In February of 2024, SSV sent out electronic surveys to our email contracts in the Holyoke/Chicopee, South Valley and Springfield/Westfield area offices. While 20 surveys of the total 140 surveys sent were opened (a modest rate of 14%) only 14 surveys – just 10% - were completed. This is barely more than last year, when only 9 surveys (8%) were completed.

Year	2018	2019	2020	2021	2022	2023	2024	2025
Response Rate	27%	12%	30%	8%	5%	8%	10%	16%
SATISFACTION	80%	91%	93%	90%	48%	82%	68%	87%
DISSATISFACTION	11%	4%	4%	2%	35%	12%	12%	5%
UNSURE	9%	5%	3%	8%	17%	6%	20%	6%

Below are the results of feedback -with a comparison to feedback received in previous years:

FUNDING/REFERRAL SOURCES	2024 Agree	2024 Disagree	2024 Not Sure	2025 Agree	2025 Disagree	2025 Unsure
SSV responds quickly to my needs	64%	22%	14%	91%	0%	9%
SSV protects the rights of people served	71%	7%	21%	82%	0%	2%9%
SSV provides quality services	86%	7%	7%	91%	0%	0%
Happy with level of communication	57%	29%	14%	91%	9%	0%
Happy w communication about client(s)	57%	29%	14%	91%	0%	0%
The staff are professional	79%	7%	14%	100%	0%	0%
SSV works cooperatively with me	57%	14%	29%	82%	9%	9%
SSV meets its deadlines	64%	7%	29%	100%	0%	0%
Ind/Fam are satisfied with the services	57%	7%	36%	73%	18%	9%
I am satisfied with the ISPs goals and objective	64%	14%	21%	82%	9%	9%
SSV staff are well trained	71%	7%	21%	73%	0%	27%
I am satisfied with the activities offered in CBDS/DH	79%	7%	14%	91%	9%	0%
OVERALL SATISFACTION / DISSATISFACTON	68%	12%	20%	87%	5%	6%
<i>Performance Questions</i>	<i>2024 Agree</i>	<i>2024 Disagree</i>	<i>2024 Not Sure</i>	<i>2025 Agree</i>	<i>2025 Disagree</i>	<i>2025 Unsure</i>
I find the information on the website useful	86%	0%	7%	91%	0%	9%
I like how SSV promotes its mission on social media	57%	0%	43%	64%	0%	36%

Process: In February, we sent out 68 electronic surveys to the Service Coordinators who support Sunshine Village clients in the Holyoke/Chicopee, South Valley and Springfield/Westfield area offices. A very low rate of 11 surveys – only 16% of the total - were completed. The completion rate is slightly higher than the past four years (10%, 7%, 5% and 8%), but significantly lower than the total surveys completed prior to the emergency closing resulting from the global pandemic in 2020 (30%.)

Analysis: **Overall Satisfaction:** Overall satisfaction has increased significantly in 2025, compared to 2024 – and satisfaction increased in all questions. Notably, satisfaction above 90% was found in questions related to quick response, quality services, communication, professionalism, meeting deadlines and satisfaction with activities. **Overall Dissatisfaction:** Overall dissatisfaction also decreased significantly in 2025, compared to the last three years. **Notable Trends and Improvements:** This year, SSV directed surveys only to DDS personnel who support SSV clients, as opposed to all DDS personnel in those offices. This tactic slightly increased the response rate - but did positively impact the responses themselves, showing a decrease in “unsure” answers – as respondents had more direct knowledge of SSV services – and thereby improving the reliability of the survey results. Enhancements

in communication, ISP goal development and collaboration with DDS offices were attributed to the increase in satisfaction in those areas.

Performance Improvement: *Key Issues:* Comments to open-ended questions showed a desire for community outings for Day Hab clients, issues with transportation to the Westover Maintenance Systems program and the need for clinical supports in CBDS. *Corrective Actions:* Although the levels of dissatisfaction and uncertainty are from a very small number of people within the DDS system in which SSV works, the organization takes the feedback seriously and will work to improve areas that were noted as being weak.

- MassHealth – the funder of the Day Habilitation Services – does not fund, nor desire – providing services outside of sited programs for community integration activities. SSV offsets this with the robust “Bringing the Community to Us Inclusion Program” – which has more partners than ever.
- The clients at WMS earn a very competitive wage and most have the ability to safely use public or private means of transportation. Although most would prefer transportation services offered by the Commonwealth of Massachusetts, this is not feasible for SSV and is no longer funded by DDS in the agency’s transportation contract.
- SSV continues to advocate to DDS and the Commonwealth of Massachusetts for funding for clinical supports within the CBDS programs. The agency wholeheartedly agrees that it is necessary for the continued supports for many clients who want to participate in that program

B. WORKFORCE DEVELOPMENT (Human Resources): The agency has developed and implemented workforce development strategies that have provided varying levels of success over its 58-year history.

The Recruitment and Retention Program and Monitoring System, established in 1998 and revised several times was last reviewed by the Board of Directors in 2022 and focused on these areas: Recruitment, Support and Supervision, Retention and Turnover.

This program was supplemented with the development of a comprehensive Three-Year Strategic Plans and the updated Organizational Goal of *Continue to be an “Employer of Choice” investing in our workforce through a competitive and comprehensive total rewards plan and professional development program, while emphasizing wellness and valuing work-life balance.*

With the global pandemic shifting the agency workforce, new measures were created for FY2024 and carried forward to FY2025 being:

MEASURE	GOAL	FY24 OUTCOME	FY25 OUTCOME	COMMENT
Maintain a minimum of 3 yrs tenure for 30% of staff	30%	38%	50%	MET
Overall rating from FY2025 staff survey	85%	86%	83%	NOT MET
Decrease voluntary terms in the intro period	18%	5.6%	7%	MET
Decrease involuntary terms in the intro period	10%	15.6%	24.7%	NOT MET
Recalculate the market-based compensation plan	100%	100%	100%	MET
Recruit for DSP for “time to hire” not to exceed 30 days	30 days	16 days	22 days	MET

Process: Data is collected on an annual basis and is submitted by the Vice President of Human Resources and/or the HR Generalist. Aggregate data is analyzed by the CEO. Improvements are identified by the CEO and members of management and communicated through this report.

Analysis: Four out of six of the goals (67%) were achieved.

Performance Improvement: Voluntary terminations within the 90-day introductory period have improved vastly over the past few years, including into FY2025 (being 3 in FY2025 as compared to 22 in FY2024 and 10 in FY2023.) Involuntary terminations within the 90-day introductory period saw a sharp decrease (being 7 in FY2025 versus 15 in FY2024 and 11 in FY2023.) SSV improved and enhanced its on-boarding and orientation processes in FY2024 and worked to better define the role and responsibility of a DSP during the recruitment process – and these actions seemed to have positive impact on the issues of resignations / terminations happening within the introductory period.

Employee Engagement and Satisfaction Analysis: Both the level of participation and the overall satisfaction level decreased in FY2025. Satisfaction remains high for a low wage organization and SSV will continue to do all the “big” things and the “little” things to remain an Employer of Choice. Detailed information related to this employee survey follows.

Recruitment and Retention Analysis: Using other data, the organization monitors why people leave – either voluntarily or otherwise – and compares current year data to previous year to understand potential trends and develop corrective actions. In FY2025, the majority of voluntary terminations resulted from personal reasons and resigning to begin a new job – some in the same field and some in a different field. The majority of forced terminations resulted from poor job performance, disregard for policy or excessive absenteeism. Last year, the main reason was excessive absenteeism. SSV is continuing to look at its professional development initiative, in hopes that the organization can help employees to improve their job performance before it comes to corrective action.

EMPLOYEE ENGAGEMENT and SATISFACTION SURVEY: In February of 2025, SSV completed an Employee Engagement and Satisfaction Survey. With a response rate of 57%, with 121 out of 217 employees participating, the reason(s) why the other 43% of employees did not participate is unknown. This level of engagement is lower than in the past several years (in 2024 it was 63%; in 2023 it was 65% and in 2022 it was 81%.) The following is the Executive Summary:

QUESTION	Satisfaction Level	Disengagement Level	Dissatisfaction Level
I feel valued for the work I perform	85%	9%	6%
I enjoy coming to work at SSV	94%	3%	2%
I am proud to tell people I work at SSV	93%	6%	2%
I have fun at work	90%	7%	3%
Co-workers treat each other with respect	84%	11%	5%
I belong at Sunshine Village	93%	7%	1%
I receive clear directions from my supervisor	84%	8%	8%

My supervisor keeps me informed of what is happening	82%	9%	9%
Leadership keeps me informed of what is happening	81%	11%	1%
I think my paid time-off benefits are satisfactory	66%	15%	19%
Health insurance is important to me	79%	9%	12%
The benefits SSV offers are satisfactory	69%	19%	11%
I am paid fairly	77%	15%	8%
I see myself working for SSV two years from now	85%	12%	2%
SSV makes employees' health and wellness a priority	81%	15%	5%
I feel safe at work	92%	6%	2%
Working here allows me to have a good work/life balance	88%	10%	2%
Policies and Guidelines are fair	83%	12%	5%
My supervisors provide helpful feedback	81%	12%	6%
My supervisors listen to my feedback and suggestions	81%	14%	6%
Leadership listens to my feedback and concerns	69%	23%	9%
My supervisors treat me with respect	85%	12%	3%
My supervisors offer me praise for a job well done	78%	10%	11%
Leadership offers me praise for a job well done	72%	18%	10%
I receive enough training to do my job well	91%	6%	3%
I am comfortable with the Technology support I receive	94%	4%	2%
AVERAGE	83%	11%	6%

Process: Surveys are administered regularly by the Human Resources Department, through electronic means (Survey Monkey.) Aggregate data is analyzed by the CEO and improvements are identified by the CEO and members of Management. Results are communicated through staff meetings, written postings and this report.

Analysis: Overall satisfaction remained the same from 2023 to 2024 – at 87% - and decreased slightly in 2025 to 83%. Dissatisfaction increased by 1% since 2023, from 5% to 6% in 2024 and 2025. Disengagement increased from 2024 from 8% to 11%. Given the size and industry, combined with the on-going impact of the Workforce Crisis, these levels are considered very good – indicating that SSV is achieving its goal of being an Employer of Choice. Management considered this data when developing the FY2026 Strategic Plan and will continue to incorporate employee feedback into both short term and long-range corrective actions and improvements.

Performance Improvement: SSV continues to increase both compensation and benefits – as well as enhance its culture - as part of its Total Rewards Plan. Participation has been steadily decreasing – from 65% in 2023 to 63% in 2024 and to 57% in 2025. A follow up survey will be completed in FY2026 and actions will be taken to encourage a higher level of participation will be encouraged.

Professional Development: The organization continued its comprehensive Annual Training Program, which is reported in the Annual Report, which includes training in the areas of human rights, safety, clinical and professional topics. As important, SSV enhanced its Workforce Development Plan – a comprehensive and robust professional and personal development program - investing over \$250,000 and countless employee hours into leadership and/or technical training – as well as personal

development - for all positions within the agency. This initiative will be continued into FY2026, and feedback is continually sought – after trainings and through the annual Employee Survey.

Recognition: Sunshine Village recognizes employees’ milestones – include sending cards for completion of the introductory period and on each work anniversary as well as for employees’ birthdays. An annual employee celebration, Memories and Milestones, was last held in June of 2025. A peer-to-peer thank you campaign is held during the Thanksgiving month of November. Promotions are celebrated and SSV continues to offer appreciation through “little things” gifting employees “swag” and SHINE time.

Analysis: SSV implemented all initiatives within its FY2025 Wellness and Recognition Calendar and developed a similar plan for FY2026.

Performance Improvement: A FY2026 Wellness and Recognition Calendar has been developed – and SSV increased the use of SHINE time as well as adding an additional holiday for FY2026, as employees have expressed a desire for increased PTO.

C. TECHNOLOGY: In the area of technology, Sunshine Village develops and implements annual plans – and developed a one-year plan for FY2025 – with prioritized goals. All goals were achieved and documentation was shared with both management and the Board of Directors.

Process: Data is collected by the Vice President of Information Technology from various platforms and reports on an annual basis in June. Aggregate data is analyzed by the CEO and improvements are identified by the CEO and VP of IT. Results are communicated through this report.

Analysis: 100% of measures were achieved.

Performance Improvement: A FY2026 Technology Plan was developed with prioritized measures in the areas of Software, Website/Virtual Platforms, Hardware, Security, Technology Support and Other Actions.

D. GOODWILL AND MARKETING: The Communications and Marketing Plan for FY2019, 2020 and 2021 was suspended for FY2020 and FY2021 because of the global pandemic. During FY2022, many mechanisms were used to ensure high levels of substantive communication during the rebuilding phase with all stakeholder groups, including clients/families, employees, funding sources, legislative representatives and the Board of Directors. Virtual attendance allowed SSV to promote its mission and services through presentations at legislative forums and trade association conferences and meetings. SSV personnel also attended in-person business and civic organization meetings. The plan was revised to support the agency’s Rebuilding Plan and approved by the Board of Directors in September of 2022 and the initiatives will be used to support the agency’s Regrouping and Strategic Plans.

A Community Relations Plan has been developed to support the current Three-Year strategic Plan and encompasses a Communication Program, a Marketing Plan and a Resource Development Plan. Ten

performance measures, which are updated every year, are included to measure effectiveness of agency actions and 90% of them were achieved in FY2025.

COMMUNICATION MEASURES	BASELINE	FY25 GOAL	FY25 OUTCOME	COMMENT
Increase the number of emails in the SSV database by 25%	1,221	1,526	4,147 (70%)	MET
Exceed the open rate on SSV eNewsletters from Constant Contact baseline	43%	43%	49%	MET
Satisfaction Level of Organizational Communication with Families to exceed 85%	97%	85%	99%	MET
Satisfaction Level of Organizational Communication with DDS to exceed 85%	64%	85%	87%	MET

Analysis: 4 out of 4 goals were achieved with Communication – 100%

MARKETING MEASURES	BASELINE	FY25 GOAL	FY25 OUTCOME	COMMENT
Establish a baseline for FY2026 – with at least 50 agency and programmatic tours in FY2025	TBD	50	62	MET
Renew all virtual tours on agency website	6	6	6	MET
Increase the number of Facebook followers to industry average of 3,400 over the next three years	2,280	2,653	2,465	NOT MET

Analysis: 2 out of 3 goals were achieved in Marketing – 67%

RESOURCE DEVELOPMENT MEASURES	BASELINE	FY25 OUTCOME	COMMENT
Maintain revenues for 2024 Golf Tournament	\$50,145	\$50,146	MET
Increase the number of donations and overall revenue of the 2024 Annual Appeal	22 / \$3,155	28 / 3,943	MET
Increase the ways that donors can contribute to SSV (cash, check, paypal)	3	4	MET

Analysis: 3 out of 3 measures were achieved – 100%

IV. SERVICE DELIVERY

LIFE ENGAGEMENT SERVICES (DAY HAB) FY2025 GOALS

EFFECTIVENESS MEASURES	FY2025 GOAL	FY25 OUTCOME	COMMENT
Increase opportunities to live and learn by offering 6 new	6 at each	6	MET

regularly scheduled experiences by 6/30/25.	site		
Provide a volunteer HOPE project to promote inclusion monthly.	12 at each site	11.6 average	NOT MET
2 new partners will be added to the BTCTU program	2	2 Monthly (3 Seasonal)	MET

Analysis: 2 out of the 3 goals were met – with the goal not being met being mostly achieved. Opportunities for Live and Learn included: Cold Bres and Tattoos, Business Box, Friendly Squabble, Battle of the Bands, Three Minutes Canvas Creation, Get to Know You Better Jenga, Rumor Mill, Weekly Voting and Glee Club. Enhancements for FY2026 for the HOPE projects include have each site having a unique recipient – therefore increasing SSV’s outreach.

EFFICIENCY MEASURE	FY2025 GOAL	FY25 OUTCOME	COMMENT
All MH intensity tools will be completed by June 30, 2025.	100%	100%	MET
All DH clients will have a revised SNA and DHSP completed and corresponding to the new MH intensity tool.	100%	100%	MET
Increase number of clients in DH by 10% (baseline is 237)	261	242	NOT MET

Analysis: 2 out of 3 of the goals, 67%, were achieved. It should be noted that statewide, only 64% of all clients had their intensity tool submitted – thus showing SSV as being compliant, professional and prompt. For FY2026, SSV has implemented a comprehensive promotional campaign, using various communication mechanisms and other initiatives, to attract more clients to increase the census.

COMMUNITY ENGAGEMENT (CBDS) / WORK SERVICES - FY2025 GOALS

EFFECTIVENESS MEASURES	FY2025 GOAL	FY25 OUTCOME	COMMENT
Increase opportunities to work and earn by increasing group employment settings from 1 (Westover) to 3.	50% (48)	4	MET
Increase opportunities to work and earn by increasing consignment opportunities for entrepreneurs from 2 to 4.	4	4	MET
Increase opportunities to give and grow by 20% (Agawam 11; Casey 12 and TR 7)	Total: 36	38	MET
CBDS clients will participate in a regularly scheduled inclusion experience to engage in their community.	85% at each program.	74%	NOT MET

Analysis: 3 out of 4 goals, 75%, were achieved. Group employment included 3 distinct opportunities with Finleys and the continuation of WMS. More work will be done to ensure that a higher level of clients will participate in regularly scheduled inclusion experiences.

EFFICIENCY MEASURES	FY2025 GOAL	FY25 OUTCOME	COMMENT
All incident reports will be completed and reviewed within timelines	100%	97%	NOT MET
Increase number of CBDS clients by 10% (baseline is 121)	133	135	MET

Analysis: 1 out of 2 goals, 50%, were achieved. Regarding incident reports, 68 out of 70 reports were completed and submitted within the allotted timelines.

CENSUS DATA

LIFE ENGAGEMENT (DAY HAB) SERVICES:

SITE CENSUS	PRE-PANDEMIC*	12/31/2020	12/31/2021	06/30/2022	06/30/2023	06/30/2024	06/30/25
Davis	70	21	35	48	70	70	78
Knights	60	24	44	44	46	45	45
Three Rivers	77	22	62	73	74	69	62
Agawam	34	23	47	60	63	53	57
TOTAL	241	90	188	225	253	237	242

COMMUNITY ENGAGEMENT (CBDS) and WORK SERVICES:

SITE CENSUS	PRE-PANDEMIC*	12/31/2020	12/31/2021	06/30/2022	06/30/2023	06/30/2024	06/30/25
Westover Main Systems	17	14	26	25	22	22	21
Casey Building CBDS	133	34	56	59	61	76	81
Three Rivers CBDS	0	0	7	8	9	9	14
Agawam CBDS	0	7	30	35	40	36	40
TOTAL	150	55	119	127	132	143	156

* Pre-pandemic census numbers do not include census from Village Works or the day habilitation sites in Springfield and on Main Street, Chicopee – which have been closed. Total pre-pandemic census was 539. Sunshine Village is serving nearly 66% of the client base number from March 19, 2020.

Analysis: There was an increase of 5 clients in Day Hab programs and an increase of 13 clients in ES/CBDS. Overall, there are 18 more clients at the end of Fiscal Year 2025. Sunshine Village, for FY2026, has embarked on a campaign to attract new clients. This campaign includes increased advertising, enhanced promotion, initiatives managed by the agency's new Client Relations Manager as well as the possible development of different models of service, such as "drop in" programming in CBDS.

DISCHARGES AND TRANSFERS: The following details the number of clients who were discharged from Sunshine Village in the identified time period.

PROGRAM DISCHARGES	FY 2021	FY 2022	FY 2023	FY2024	FY2025
Day Hab	24	21	13	19	23
ES / CBDS / WMS	12	10	7	8	10
TOTAL	36	31	20	27	33

INTERNAL TRANSFERS	FY2024	FY2025
<i>Clients left DH to go to CBDS</i>	5	5
<i>Clients left CBDS to go to DH</i>	0	4

Analysis: A total of 33 clients left the agency for a variety of reasons – which is a higher number than the past two years but in line with years prior to and around the global pandemic. A total of 7 clients transferred to a different program while another 4 left due to dissatisfaction. SSV will continue to work to enhance an individualized experience – including looking at different models to include community integration within day hab and “drop in” programming in CBDS - to improve satisfaction.

DISCHARGES	FY2024	FY2025
Attendance	10	7
Transfer to another agency		7
Illness/Medical		6
Death	4	5
Dissatisfaction	7	4
Retirement		2
Relocation	4	1
Insurance Issues		1
Did not meet SSV criteria	1	0

V. QUALITY ASSURANCE / PROGRAMS

Sunshine Village began formally assessing each programmatic site on a quarterly basis in January of 2020. In April of 2022, the assessment tool was revised and includes a review of the following areas:

- Human Rights and Positive Behavior Supports
 - Respect, Opportunities, Choice and Control, Human Rights / Advocacy Education and Communication
- Personal Safety
- Workforce Competency
- CBDS Specific Standards
- Technology
- Client Focus Group Survey
 - Client Advocacy
- Employee Focus Group Survey

Employee Development Comments / Observations

The report is evaluated by the Director of Day Services – who summarizes the findings in an Executive Summary. The report is then reviewed by the Executive Director and any trends that are identified are then communicated, with improvement measures, within the Performance Management System’s Annual and Biannual Reports.

Analysis: In Fiscal year 2025, Quality Assurance Reviews, conducted by the Quality Assurance Administrator who now serves as the agency’s Client Relations Manager, took place at each site in November of 2024 and March of 2025. There were no significant weaknesses that required corrective action or trends identified by the Director of Day Services who communicated this to the agency’s CEO.

VI. STRATEGIC PLANNING

The agency underwent a board driven strategic planning process in 2013/2014 and work continued through 2015. In May of 2015, the BOD approved a three-year strategic plan for Fiscal Years 2016, 2017 and 2018. After that plan was implemented with tremendous success, the Board worked to develop another three-year plan – for Fiscal Years 2019, 2020 and 2021, during which time the Global Pandemic (which began in March of 2020) shifted organizational priorities.

A REBUILDING PLAN was developed and implemented for the last quarter of FY2021 and FY2022 and a second REBUILDING PLAN for FY2023 was developed to allow the organization to grow back from the Global Pandemic and address challenges presented by the on-going Workforce Crisis.

Another comprehensive three-year plan, for the Fiscal Years 2024, 2025 and 2026 was approved by the Board of Directors in June of 2023 and plans will begin in early 2026 for an updated Strategic Plan for Fiscal Years 2027, 2028 and 2029.

Organizational goals that were committed to for **Fiscal Years 2024, 2025 and 2026:**

Advance SSV as a “Premier Provider of Choice” by assessing, enhancing and offering innovative services that assist individuals to achieve greater independence.

Ensure the financial stability of SSV with sound governance and strong leadership that strives for excellence while adhering to thoughtful policies, transparent practices, proactive planning and continuous improvement.

Enhance service provision by investing in technology and infrastructure while ensuring that all environments are safe, welcoming and inclusive for all.

Continue to be an “Employer of Choice” investing in our workforce through a competitive and comprehensive total rewards plan and professional development program, while emphasizing wellness and valuing work-life balance.

FY2024-2025-2026 - OVERALL PROGRESS

PROGRESS	FY2024 OUTCOMES	FY2025 OUTCOMES	FY2026 OUTCOMES
<i>Strategies with no progress</i>	2 (10%)	2 (4%)	
<i>Strategies partially implemented</i>	2 (10%)	5 (11%)	
<i>Strategies fully implemented</i>	16 (80%)	39 (85%)	
Total Strategies	20	46	
PERFORMANCE MEASURES	FY2024 OUTCOMES	FY2025 OUTCOMES	FY2026 OUTCOMES
<i>Measures indicating success</i>	22 / 26	33/ 40	
Overall success	85%	82.5%	

FY2024 Summary: SSV achieved the majority of its strategies (80%) – and also achieved 22 out of 26 identified performance measures – a high rate of 85%. Goal #1 – 4 out of 7 measures achieved; Goal #2 – 5 out of 5 measures achieved; Goal #3 – 7 out of 8 measures achieved; and Goal #4 – 4 out of 6 measures achieved.

FY2025 Summary: SSV achieved the vast majority of its 46 strategies (39 - 85%) – and also achieved 32 out of 40 identified performance measures – a high rate of 82.5%. Goal #1 had 10 measures and 8 were achieved; Goal #2 had 9 measures and 9 were achieved; Goal #3 had 12 measures and 11 were achieved and Goal #4 had 9 measures and 6 were achieved.

CONCLUSION: Sunshine Village continues to have a high level of success and complies with standards and mandates in all critical areas. The next report that will analyze and report on the efficacy, efficiencies and effectiveness of Sunshine Village’s operations and services will be the Annual Report published in January of 2026.