

2022 ANNUAL REPORT

Performance Management System

Calendar Year 2022 and First Six Months of Fiscal Year 2023

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 a purpose of improving operations based upon information and customer input.

Sunshine Village completes an Annual Report at the end of each calendar year and a Bi-annual Report at the end of each Fiscal Year in July.

The **Annual Report** *includes* outcome measures in the following Critical Areas:

- Customer Assessment
 - Client and Guardian
- Finance
 - Audit
- Security
 - Safety
 - Risk Management
 - Critical Incidents
 - Restraints
- Rights
 - Human Rights
 - Positive Behavioral Supports
 - Complaints and Investigations
- Accessibility
- Cultural Competency, Diversity and Inclusion
 - Initiatives
 - Demographics
- Quality Assurance / Programs
- Service Delivery
- Strategic Planning

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

- Customer Assessment
 - Employees
 - Funding and Referral Sources
 - Business Partners

- Workforce Management
- Technology
- Goodwill and Marketing
- Service Delivery
- Quality Assurance / Programs
- Strategic Planning

II. ACCREDITATION, LICENSING AND SURVEYS

ACCREDITATION: SSV looks forward to the next accreditation survey in the early Spring of 2023 with the Commission on Accreditation of Rehabilitation Facilities (CARF.)

LICENSING: SSSV will be surveyed by the Office of Quality Enhancement from the Department of Developmental Services in early 2023.

REGULATORY REVIEW: Westover Maintenance Systems received satisfactory ratings in all compliance areas and no recommendations for improvement during the Contractor Performance Assessment Report (CPAR) in September 2022. Areas reviewed were Quality, Schedule, Cost Control, Management, Small Business Subcontracting and Regulatory Compliance.

Westover Maintenance Systems also underwent a compliance review in December of 2022. All standards were achieved, with recommendations in the following areas: revise the Job Placement Plan, revise authorizations for medical documentation and verify identities of employees through the federal E-verify system back to 2009.

MASS HEALTH REVALIDATION DATES: The day habilitation programs are validated by Mass Health thru the following dates: Agawam Program (12/10/2024); Three Rivers Program (01/12/2025); Knights Program (01/12/2025); Davis Program (05/12/2027).

II. ORGANIZATIONAL PERFORMANCE

CUSTOMER SATISFACTION PROGRAM: SSSV is committed to achieving high levels of satisfaction within each customer group, within the constraints of fiscal realities. In an effort to identify satisfiers and dissatisfiers, the agency formally assesses its customer groups, including participants, families/guardians, funding/referral sources and business partners on an annual basis. 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 data 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 is detailed within this report from various stakeholders.**

EMPLOYEES: The next survey will be administered in February of 2023 using similar questions to the survey conducted in February of 2022 so that trends can be identified from comparison to baseline responses. The results of this survey will be reported in the next Bi-Annual Performance Management System Report.

CLIENTS AND FAMILY MEMBERS/GUARDIANS:

EMPLOYMENT SERVICES (comprised of Westover Maintenance Systems/CBDS):

WMS / CBDS <u>CLIENTS</u>	SATISFIED	NOT SATISFIED
Courteousness (<i>Staff are Polite</i>)	98%	2%
Friendliness (<i>Staff are Nice and Approachable</i>)	100%	0%
Positive Attitude (<i>Staff Motivate Me / Are Usually Upbeat</i>)	97%	3%
Professionalism (<i>Staff are Dedicated / Get Along Well</i>)	97%	3%
Knowledge and Competence (<i>Staff Know their Job</i>)	96%	4%
Willingness to Help (<i>Staff Help When Needed</i>)	99%	1%
Comfortable with Safety Measures	96%	4%
Support Staff Listens to Me	97%	3%
Like Coming Here Each Day	96%	4%
I Enjoy My Day and Activities	98%	2%
I am satisfied with how and when SSV communicates with me	95%	5%
I am Satisfied with SSV Services	98%	2%
OVERALL SATISFACTION	97%	3%
I am interested in working by myself in a competitive job	67%	25%

Analysis: Data is from 106 surveys. Individual dissatisfaction is at 3% - a little higher than last year when it was 1%. Any individual dissatisfaction is attended to on an individual basis – and there were no trends with any dissatisfiers. Overall satisfaction is very high, at 97%. An additional question was asked if the (CBDS) client would like their own individual job – and the answers were 78% yes and 22% no as opposed to last year, when it was 97% yes and 3% no. In this question of “working by myself” – there was an 8% rate of no response.

Performance Improvement: SSV will continue to work to provide services that clients are highly satisfied with. One additional question was added this year – focusing on the area of communication – which showed 95% satisfaction.

WMS / CBDS <u>GUARDIANS</u>	SATISFIED	NOT SATISFIED
Courteousness (<i>Staff are Polite</i>)	99%	1%
Friendliness (<i>Staff are Nice and Approachable</i>)	100%	0%
Positive Attitude (<i>Staff Motivate / Are Usually Upbeat</i>)	99%	1%
Professionalism (<i>Staff are Dedicated / Get Along</i>)	99%	1%
Knowledge and Competence (<i>Staff Know Their Job</i>)	99%	1%
Willingness to help (<i>Staff Help When Needed</i>)	99%	1%
Safety (<i>I am Comfortable with Safety Measures</i>)	99%	1%
Communication: It is easy for me to reach a Case Manager	98%	2%
Communication: Satisfied with how/when SSV communicates w me	98%	2%
I am Satisfied with the Program	98%	2%
If I have a Complaint, It Is Handled Well	99%	1%
I am Satisfied with SSV Services	98%	2%

I would Recommend SSV to Others	100%	0%
OVERALL SATISFACTION	99%	1%
I would like him/her (CBDS) to have their own job in the community	24%	21%

Analysis: The number of surveys totaled 49, an increase from last year’s total of 43 surveys (and 11 in 2021.) Overall Satisfaction is exceptionally high as it was last year. The survey included two additional questions – focusing on the area of communication – both of which showed 98% satisfaction. In this question of “having their own job” – there was an 55% rate of no response.

Performance Improvement: SSV will continue to enhance services to meet satisfaction and desire.

DAY HABILITATION SERVICES (comprised of Day Hab and Fusion):

Day Habilitation / Fusion <u>CLIENTS</u>	SATISFIED	NOT SATISFIED
Courteousness (<i>Staff are Polite</i>)	98%	2%
Friendliness (<i>Staff are Nice and Approachable</i>)	99%	1%
Positive Attitude (<i>Staff Motivate Me / Are Usually Upbeat</i>)	98%	2%
Professionalism (<i>Staff are Dedicated / Get Along Well</i>)	96%	4%
Knowledge and Competence (<i>Staff Know their Job</i>)	96%	4%
Willingness to Help (<i>Staff Help When Needed</i>)	99%	1%
Comfortable with Safety Measures	98%	2%
Support Staff Listens to Me	98%	2%
Like Coming Here Each Day	95%	5%
I Enjoy My Day and Activities	95%	5%
I am satisfied with how and when SSV communicates with me	98%	2%
I am Satisfied with SSV Services	97%	3%
OVERALL SATISFACTION	97%	3%

Analysis: Data was obtained from 217 surveys – as opposed to last year’s total of 152 surveys. Individual dissatisfaction from clients within Day Habilitation Services is very low and is attended to on an individual basis. Overall satisfaction is extremely high at 97% - last year it was 99%.

Performance Improvement: SSV will continue to work to provide services that clients are highly satisfied with. One additional question was added this year – focusing on the area of communication – which showed 98% satisfaction.

Day Habilitation / Fusion <u>GUARDIANS</u>	SATISFIED	NOT SATISFIED
Courteousness (<i>Staff are Polite</i>)	100%	0%
Friendliness (<i>Staff are Nice and Approachable</i>)	100%	0%
Positive Attitude (<i>Staff Motivate / Are Usually Upbeat</i>)	100%	0%
Professionalism (<i>Staff are Dedicated / Get Along</i>)	100%	0%
Knowledge and Competence (<i>Staff Know Their Job</i>)	100%	0%
Willingness to help (<i>Staff Help When Needed</i>)	100%	0%
Safety (<i>I am Comfortable with Safety Measures</i>)	100%	0%
It is easy for me to reach a Case Manager	99%	1%

I am satisfied with how and when SSV communicates with me	95%	5%
I am Satisfied with the Program	97%	3%
If I have a Complaint, It Is Handled Well	95%	5%
I am Satisfied with SSV Services	98%	2%
I would Recommend SSV to Others	100%	0%
OVERALL SATISFACTION	99%	1%

Analysis: Data is from a total of 75 surveys - last year, the total was 49 (and 30 in 2021.) Overall satisfaction is very high at –99%, the same as last year. The survey included two additional questions – focusing on the area of communication – which showed levels of satisfaction at 99% and 95%.

Performance Improvement: SSV will continue to enhance services to meet satisfaction and desire.

III. CRITICAL AREAS

FINANCE: The organization underwent an annual audit completed by Meyers Brothers Kalicka, PC. At a Board of Directors meeting on November 3, 2022, the Auditors presented the report which achieved the agency’s goal of having no material weaknesses. Further, there were no recommendations for management.

FY2022 AUDITS	FINDINGS
FY22 Financial Audit	No material weaknesses
2022 401K Audit	No material weaknesses

SAFETY: The agency is committed to ensuring that all clients, employees and members of the community are safe. To that end, the organization follows all mandates from federal, state and local regulations as well as internal objectives.

2022 SAFETY GOALS	GOAL	OUTCOME	COMMENT
Committee Meetings	4	4	MET
% Of Sites with Safety Officer	100%	100%	MET
Monthly Safety Spotlight	10	12	MET
Quarterly Safety Inspections	4	4	MET
Internal Safety inspections	2	3	MET

Analysis: Sunshine Village achieved 100% of its Safety Goals.

Performance Improvement: Sunshine Village will continue to monitor its success in the area of safety and will augment its work in this area with risk management initiatives.

COVID-19 CONTROL PLAN: On May 1, 2020, Sunshine Village established a comprehensive COVID-19 Control Plan and continuously updated it. This plan was supported by a COVID-19 Transportation Plan as well as Requirements for a Safe Return to Services. All plans and their revisions were available on the agency’s website so they were accessible for all. On November 19, 2021, the agency fully revised the COVID-19 CONTROL PLAN, making it more user friendly. Additional revisions were made on

January 5, 2022, March 1, 2022, April 29, 2022, August 1, 2022, September 1, 2022 and October 31, 2022.

RISK MANAGEMENT: Sunshine Village has developed and implemented a comprehensive Risk Management Program to protect the agency’s resources – which are defined as its people, income, property and goodwill. Numerous activities are continuously undertaken to minimize or eliminate events that contribute to losses. This program (1) identifies the activities, programs and plans the organization has implemented and maintains to identify, assess and control risk that may be present in operations, service delivery, staffing and governance activities and (2) identifies specific risks within the organization and lists activities being taken to mitigate those risks. Combined with a comprehensive insurance package and extensive training, this program controls threats and allows the organization to accomplish its mission and goals.

2022 RISK MANAGEMENT GOALS	2019 BASELINE	2022 GOAL	OUTCOME	COMMENT
Reduce total injuries t staff by 50%	110	55	55	MET
Reduce client driven injuries to staff (acts of aggression) by 50%	54	27	17	MET
Reduce injuries resulting from a “slip or fall” by 50%	10	5	6	NOT MET
Develop and implement educational opportunities for Utility Failure and Medical Emergencies to enhance Emergency Drill process. (CARF recommendation)	n/a	2	2	MET
Develop and implement a plan to enhance training and/or interventions based upon review of 18/19 and 19/20 experiences. (Report made at the 02/15/22 Safety Meeting.)	n/a	100%	100%	MET
Correct all deficiencies with 2022 Accessibility Inspections	100%	100%	100%	MET
Correct all deficiencies within 2022 Annual Inspections	100%	100%	100%	MET

Analysis: Sunshine Village achieved 86% (6 out of 7) of its Risk Management goals. Of the goal not met, reducing injuries from “slip or fall” – 3 of the 6 were caused by ice/snow.

Performance Improvement: The Safety Committee and the Human Resources Department will continue to focus on educating employees and clients on the causes and hazards of “slips and falls” – and will renew focus on ensuring sites are free of ice/snow.

CRITICAL INCIDENTS: Sunshine Village has monitored and assessed critical incidents to improve service delivery for decades. In 2020, the organization refined its data collection systems and now includes this area in the Annual Report.

AREA	2022 TOTAL CRITICAL INCIDENTS	ASSESSMENT COMPLETED BY	TRENDS IDENTIFIED	CORRECTIVE ACTIONS
DPPC Complaints	13	Human Rights Committee	None	None
Workers Comp Injuries	55	Director of Human Resources	Staff need to be aware of surroundings; slips / falls due to icy conditions	0
Restraints	29	Director of Day Services	None	None
Client Grievances	0	Executive Director	None	None
Vehicle Accidents	3	Executive Director	None	None

CRITICAL INCIDENT REVIEW: The following is a summary of Critical Incidents that are reviewed in detail by the agency’s Human Rights Committee.

CRITICAL INCIDENTS	2020	2021	2022
Death	0	0	0
Suicide Attempt	0	0	0
Unexpected Hospital Visit	22	15	30
Medical/Psychiatric Intervention NOT Requiring Hospital Visit	14	8	7
Inappropriate Sexual Behavior with Police Involvement	0	0	2
Perpetrator of Physical Altercation **	45	52	6
Victim of Physical Altercation **	34	19	10
Significant Behavioral Incident	12	10	48
Missing Person	0	0	0
Fire	0	0	0
Suspected Mistreatment and Abuse *	1	5	11
Property Damage	0	0	2
Theft	0	0	0
Criminal Activity Including Possession / Use of Weapon or Unauthorized Use of Legal / Illegal Substances	0	0	2
Transportation Accident involving Emergency Responders	0	1	0
Emergency Relocation for more than 24 hours ***	0	0	0
Medication Occurrence (MAP)	1	0	0

Analysis: DDS changed policy so that all allegations of sexual assault be reported to the local Police Department. The decrease in PAs (perpetrator and victim) is attributed to increased trainings by the BCBA, who was hired in April of 2022. The increase in other client areas is attributed to increase in client census and reduction of personal space – with changes in the COVID-19 Control Plan. Additionally, reporting has been changed – affecting the data in “perpetrator of physical altercation” and “significant behavioral incident.”

Performance Improvement: The BCBA will continue providing training to DSPs in the area of physical altercation. Sunshine Village now ensures the ice melt is more closely available to staff in all buildings for easier access and use. The organization will develop for FY2024 an “environmental awareness”

training to encourage staff to become more aware of their surroundings to they can help keep themselves safer.

**Report filed when SSV employee suspected mistreatment or abuse of client by an entity outside Sunshine Village.*

****Sunshine Village closed buildings March 16, 2020 due to COVID19 and began re-opening buildings August 2020 – therefore baseline data from 2020 and 2021 is skewed due to client census.*

RESTRAINTS	2020	2021	2022
# Restraints	39	4	29
# Clients Restrained	18	3	7

Analysis: In reviewing data, 18 of the 29 restraints (62%) involved the restraint of one specific client – who had been newly admitted. SSV determined that an infected toe he was unable to communicate – and not knowing this individual – resulted in the high number of restraints. No other trends identified.

Performance Improvement: With the client census continuing to grow thru the Rebuilding Plan, SSV will continue to provide training to DSPs and monitor restraints. With the change in the funding source for many clients with clinical supports, a new data collection system – and various processes – is / are being developed and will be reported on in next year’s report.

HUMAN RIGHTS and POSITIVE BEHAVIORAL SUPPORTS: Sunshine Village is committed to providing the highest quality of services in a safe environment that respects and promotes the rights and dignity of everyone. The organization monitors itself in numerous areas, including compliance with mandates as well as communication of information and education.

D1. HUMAN RIGHTS OUTCOMES: For calendar year 2022, the organization has maintained 100% compliance with all regulatory mandates and is maintaining or exceeding its own targets for communication and education. Site visits were not completed because of the restricted visitor access caused by the global pandemic.

	2022 GOAL	OUTCOME	COMMENT
<i>Consumer Education</i>			
Right / Ethic / Character of the Month	10	12	MET
<i>Staff Training</i>			
Articles in Staff Newsletter	12	12	MET
Annual Training Program (DPPC)	1	1	MET
<i>Human Rights Officers</i>			
Sites with HROs	100%	100%	MET
HRO Job Description reviewed annually	100%	0%	NOT MET
<i>Coordination</i>			
# Of Coordinators	1	2	MET
<i>Human Rights Committee</i>			

# Of members	5	6	MET
Compliance with members' expertise	100%	100%	MET
# Of meetings	4	4	MET
# Of site reviews	100%	100%	MET
HRC Job Description reviewed annually	100%	100%	MET

Analysis: All goals were met except for the revision / review of the HRO job description.

Performance Improvement: The HRO job description was updated for 2023 and distributed.

D2: POSITIVE BEHAVIORAL SUPPORTS: In 2015, Sunshine Village developed and began implementing a Positive Behavior Supports (PBS) program to comply with anticipated mandates from the State of Massachusetts in this area. Until regulations change, the organization will carry both systems. Each year, the organization creates goals to enhance the system's effectiveness.

PBS PERFORMANCE METRIC	2022 GOAL	OUTCOME	COMMENT
Clients feel support staff are courteous	85%	98%	MET
Clients feel support staff are friendly	85%	99%	MET
Clients agree staff listen to them	85%	97%	MET
Clients likes coming to SSV	85%	95%	MET
Guardians feel staff are friendly	85%	100%	MET
Each program will host a virtual "common interest" meet-up (Pathway to Friendship)	60	32	NOT MET
Incidents involving physical altercation will decrease from 52 by 10%	46	24	MET
A debriefing will occur for each restraint	100%	100%	MET
Incident Prevention training will be provided at all programmatic sites twice during 2022	10	10	MET
A minimum of 20 clients will participate in advocacy and leadership series through MASS	20	28	MET
The PBS Advisory Team which is comprised of clients and staff will meet at least 6 times	6	43	MET
SSV will update its PBS program based upon the newly developed PBS state mandate	100%	100%	MET
Quality Assurance Audits will be conducted at all sites quarterly	4	3	NOT MET

Analysis: Of the 13 goals, 11 were successfully met. Two were not met. The Pathway to Friendship was not fully implemented because of visitation restrictions from the global pandemic. The Quarterly Assurance Audit was revamped in 2022 and – because of how comprehensive it is - will now be completed on a bi-annual basis.

Performance Improvement: SSV will continue to ensure that the rights of clients are protected, the supports given are effective, the environments they use are safe and welcoming and their access to advocacy training is enhanced.

D3. COMPLAINTS AND INVESTIGATIONS: The organization utilizes the state sponsored HCSIS System to track complaints and the reports are reviewed on a quarterly basis by the Human Rights Committee and on an annual basis through DDS’s Annual Standard Contact Review process. In both cases, no trends were found in the limited number of complaints and subsequent investigations.

INVESTIGATIONS	2020	2021	2022
Total Number of Investigation Dispositions	7	7	17
DDS to Investigation	n/a	n/a	6
Administrative Review	4	5	4
Direct to Complaint Resolution Team	3	0	3
Dismissed	0	2	1
Cases Substantiated	0	0	0
Cases Unsubstantiated	0	0	2

Analysis: Of note, 3 of the investigations attributed to SSV involved Alleged Abusers employed by transportation vendors. No trends identified. SSV also looks at “*Optionally Reportable Events*” (Injuries not requiring medical treatment beyond first ai and vehicle accidents not involved emergency responders.) No trends were identified in either of these areas. SSV also reviews “*Non-Critical Incidents*” (Fall de to environmental factor with an injury; Fall due to environmental factor without an injury and Bruises.) No trends were identified in any of these areas.

Performance Improvement: SSV will continue to monitor data – on an on-going basis - for trends and make improvements to services and/or processes as needed.

E. ACCESSIBILITY: In January of 2010, the Board unanimously approved the revised Accessibility Policy and recommended outcomes. This policy was established in 1993 and with a purpose of insuring that Sunshine Village continues to be actively involved in the process of removing architectural, attitudinal, social, transportation, financial, communication and other barriers to people with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973 and other barriers to people with disabilities, in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990, Title I: Employment and Title III: Public Accommodation. Additionally, it provides the organization with a mechanism to ensure that all services and opportunities provided by SSV will be available to those who meet the admission requirements because of their disability when they have appropriate funding levels. It includes goals, which address architectural, attitudinal, employment, social, transportation, financial and communication barriers, and these goals are monitored on a quarterly basis and reported in the Annual Program Evaluation Report. Technology was added as a component – so that barriers and improvements could be addressed annually.

The ACCESSIBILITY goals and outcomes for calendar year 2022, being:

AREA	GOAL	OUTCOME	COMMENT
ARCHITECTURAL	Identify barriers through an annual inspection and make corrections, as able	100%	Met
ATTITUDINAL	Increase community awareness through each DH site volunteering with at least one community organization	100%	Met
ATTITUDINAL	Increase community awareness with CBDS participating with at least 3 community organizations	100%	Met
ATTITUDINAL and TECHNOLOGY	Assess and update the organization's website to insure it includes information that promotes community awareness	100%	Met
ATTITUDINAL	Increase community awareness with at least one Autism event in April for the general community	100%	Met
EMPLOYMENT	Promote the abilities of people with disabilities as productive employees by actively participating in membership of at least three local business organizations	100%	Met
EMPLOYMENT	Pursue the implementation of "entrepreneurial" supports for individuals interesting in pursuing self-employment	100%	Met
SOCIAL	Each day hab program will create and implement a Friendship Program	100%	Met
SOCIAL	SSV will maintain at least 4 partnerships for DH for "Bringing the Community to Us."	100%	Met
TRANSPORTATION	Assess the use of car lift services as alternative means of transportation for both employees and participants	100%	Met
FINANCIAL	Provide information about available resources to improve economic circumstances by educating staff about retirement planning	100%	Met
FINANCIAL	Offer financial education assistance to employees	100%	Met
COMMUNICATION and TECHNOLOGY	Include communication question on client surveys	100%	Met
COMMUNICATION and TECHNOLOGY	Increase communication to employees with the use of new technologies	0%	Not Met

Analysis: SSV met 13 out of its 14 goals, resulting in an achievement rate of 93% - an increase from last year's success rate of 86%. The goal – of increasing communication with employees using new technology – was not achieved when it was determined that using "text" was not a desired form of communication. The process for using "text" is immediately available should the need arise (emergency closure) again.

Performance Improvement: SSV will again assess how and when it communicates with employees through the 2023 Employee Engagement and Satisfaction Survey. Goals for 2023 are included in the policy and were reviewed by the Board of Directors at their January 2023 meeting.

VIRTUAL AND REMOTE SERVICES - VARS: Given the lack of funding, SSV has ceased the majority of its VARS programming. Remote services continue to be available on the agency website. On days where inclement weather prevents the organization from opening, a “Polar Packet” is added to the site as an additional activity.

F. CULTURAL COMPETENCY, DIVERSITY and INCLUSION: The CULTURAL COMPETENCY, DIVERSITY and INCLUSION goals and outcomes for calendar year 2022 were as follows:

2022 GOALS	AREA	OUTCOME	COMMENT
Incorporate diversity issues into at least 4 staff newsletters	Diversity / Staff Development	12	MET
Provide 2 PBS trainings on cultural diversity	Programming / Client Education	2	MET
Provide at least 1 opportunity for staff to learn about resources for personal finances	Socioeconomic	2	MET
Provide guidance at least once for all staff related to retirement planning	Age / Staff Development	3	MET
Assess website to reduce language barriers	Cultural Accessibility	1	MET
Assess programs to reduce language barriers	Cultural Accessibility	1	MET
Achieve a year with no MCAD complaints related to discrimination based upon age, race, disability, gender identity, sexual orientation or ethnic origin.	Diversity	0	MET

Analysis: Sunshine Village met 100% of its goals in this area.

Performance Improvement: Sunshine Village will continue in its efforts to provide an environment that is welcoming for all people, diverse and inclusive. An additional goal to improve communication with individuals whose primary language is not English will be included with the 2023 goals. The Cultural Competency, Diversity and Inclusion Program was revised by the Board of Directors at their January 2023 meeting.

DEMOGRAPHIC INFORMATION: Sunshine Village collected demographic information related to age, race, geographic location of home for clients, employees, management and the Board of Directors. It also collects data as to the occupation of the members of the Board of Directors. This data is reviewed – comparatively between the groups.

Analysis: The overall status of the clients and the employees are reflective of each other – but the diversity in race is lacking when the status of the clients is compared to management and the Board of Directors.

Performance Improvement: The data will be reviewed by the Board as it relates to Board Membership. SSV will continue to promote itself as an Equal Opportunity employer and continue to offer professional development opportunities to employees to advance their career.

F. GOODWILL AND MARKETING: Sunshine Village implemented a comprehensive Marketing Plan that was developed for Fiscal Years 2017 and 2018. This plan supported the organization in branded, targeted and compelling multichannel communications to various audiences to drive both awareness and action. Sunshine Village developed a Communications and Marketing Plan for FY2019, 2020 and 2021. With the impact from the Global Pandemic, employee reductions and the economic impact on the business and donor community, Sunshine Village has suspended the full plan but continues to communicate with various stakeholders and has done some targeted fundraising as directed by the Community Relations Plan that was revised in September of 2022. Goodwill and Marketing will be included in SSV’s Three Year Strategic Plan which will be developed for implementation in FY2024.

IV. 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: Both reports, in September and December of 2022, show that Technology continues to be underutilized by programs, but there was an increase in utilization between the two reports, from 36% to 45%.

Performance Improvement: Sunshine Village will continue to support both clients and employees in using technology to improve service provision and quality of life issues. The Director of Information Technology is working to enhance Wi-Fi at programmatic sites and additional training will be provided in Fiscal Year 2023.

V. SERVICE DELIVERY

Through the Closure and Reopening Phases – and now through the Rebuilding phase - traditional performance measures have been suspended for Fiscal Years 2020, 2021 and 2022. They will be developed and implemented again for FY2023 when it is anticipated that the programs will be fully opened and client participation is near pre-pandemic levels.

LIFE ENGAGEMENT (DAY HAB) SERVICES / FUSION – IN PERSON SERVICES:

SITE	PRE-PANDEMIC CENSUS *	CENSUS - 12/31/2020	CENSUS – 12/31/2021	CENSUS – 12/31/2022
Davis 2020	70	21	35	62
Knights 2020	60	24	44	48
Three Rivers 2020	77	22	62	78
Agawam 2020	34	23	47	66
TOTAL	241	90	188	254

EMPLOYMENT and CBDS SERVICES – IN PERSON SERVICES:

SITE	PRE-PANDEMIC CENSUS *	CENSUS - 12/31/2020	CENSUS – 12/31/2021	CENSUS – 12/31/2022
Westover Maintenance Systems	17	14	26	23
Casey Building CBDS	133	34	56	63
Three Rivers CBDS	0	0	7	9
Agawam CBDS	0	7	30	40
TOTAL	150	55	119	135

* Pre-pandemic census numbers do not include census from VillageWorks or the day habilitation sites in Springfield and on Main Street, Chicopee – which have been closed. Total pre-pandemic census was 529. Sunshine Village is serving 74% of the client base number from March 19, 2020.

V. STRATEGIC PLANNING

The success of the FY2023 REBUILDING PLAN will be documented in the agency's FY2023 Bi-Annual Report of the Performance Management System. Sunshine Village intends to develop – with input from various stakeholders - and implement a full Three-Year Strategic Plan at the beginning of or during Fiscal Year 2024.