

SUNSHINE VILLAGE
Performance Management System
Bi-annual Report - June 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. 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.

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

- Customer Assessment
 - Clients / Families
- Finance
- Safety
- Critical Incidents
- Risk Management
- Human Rights and Positive Behavioral Supports
- Accessibility
- Diversity, Cultural Competency and Inclusion
- Quality Assurance / Programs
- Strategic Planning

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

- Customer Assessment
 - Funding and Referral Sources
 - Business Partners
- Workforce Management
 - Organizational Goals
 - Employee Engagement and Satisfaction Survey
 - Professional Development
 - Recognition
- Technology
 - Organizational Goals
- Goodwill and Marketing
- Service Delivery

- Organizational Goals
- Census Data
- Quality Assurance / Programs
- Strategic Planning
 - FY2023 Rebuilding Plan
 - Three Year Strategic Plan

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.

B. LICENSING: The agency will be licensed through the Office of Quality Enhancement from the Department of Developmental Services in February of 2023. Sunshine Village received a two-year certification and a rating of 94%.

C. CORI Audit: The annual CORI Audit was completed in April 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.

III. ORGANIZATIONAL PERFORMANCE

A. CUSTOMER ASSESSMENT: SSV is committed to achieving high levels of satisfaction within each customer group, within the constraints of fiscal realities. To identify satisfiers and dissatisfiers, the agency formally assesses its customer groups, including clients, families/guardians, funding/referral sources, business partners and employees on an annual basis through its Customer 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, SSV sent out electronic surveys to our email contracts in the Holyoke/Chicopee, South Valley and Springfield/Westfield area offices. While 44 surveys of the total 127 surveys sent were opened (a modest rate of 35%) only 9 surveys – just 7% - were completed. This is barely more than last year, when only 6 surveys were completed.

Although both years had a very low response rate was, the levels of both satisfaction and dissatisfaction were dramatically different than in 2022 – with a much higher level of satisfaction.

Year	2018	2019	2020	2021	2022	2023
Response Rate	27%	12%	30%	8%	5%	8%
SATISFACTION Level	80%	91%	93%	90%	48%	82%
DISSATISFACTION Level	11%	4%	4%	2%	35%	12%

Below are the results of feedback -with a comparison to feedback received in 2021:

FUNDING/REFERRAL SOURCES	2022 Agree	2022 Disagree	2022 Not Sure	2023 Agree	2023 Disagree	2023 Not Sure
SSV responds quickly to my needs	33%	17%	50%	89%	11%	0%
SSV protects the rights of people served	50%	17%	33%	89%	11%	0%
SSV provides quality services	33%	50%	17%	78%	11%	11%
I am happy with level of communication	17%	67%	17%	100%	0%	0%
The staff are professional	84%	0%	17%	67%	33%	0%
SSV works cooperatively with me	50%	50%	0%	100%	0%	0%
SSV meets its deadlines	83%	17%	0%	78%	0%	22%
Ind/Fam are satisfied with the services	33%	67%	0%	78%	11%	11%
I am satisfied with the ISPs goals and objective	83%	17%	0%	89%	0%	11%
SSV staff are well trained	33%	50%	17%	67%	22%	11%
I am satisfied with the activities offered in CBDS/DH	33%	33%	33%	67%	33%	0%
OVERALL SATISFACTION / DISSATISFACTON	48%	35%	17%	82%	12%	6%
<i>Performance / COVID-19 Questions</i>	<i>2022 Agree</i>	<i>2022 Disagree</i>	<i>2022 Not Sure</i>	<i>2023 Agree</i>	<i>2023 Disagree</i>	<i>2023 Not Sure</i>
I find the information on the website useful	83%	17%	0%	67%	0%	33%
I like how SSV promotes its mission on social media	50%	0%	50%	44%	0%	56%

Process: *Surveys are administered by the Director of IT each February through an electronic survey (SurveyMonkey.) Aggregate data is analyzed by the Executive Director. Improvements are identified by the ED and members of management and all is communicated through this report.*

Analysis: There was a significant increase in satisfaction (from 48% to 82%); however, the rate of response – from 7% as opposed to 5% - does not allow for a true interpretation of satisfaction and/or dissatisfaction.

Performance Improvement: We will continue to survey members of our funding / referring sources annually and hope that the response rate increases so that improvements can be made based upon data. This information was included in the planning process for the agency’s FY24/25/26 Strategic Plan.

B. WORKFORCE DEVELOPMENT (Human Resources): The agency has developed and implemented workforce development strategies that have provided varying levels of success over its 55-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 Plan and the Organizational Goal of *Continuing to be an “Employer of Choice” by providing competitive compensation, benefits and professional development while implementing innovative promotion and recognition initiatives to improve recruitment and retention efforts.* This goal has been updated within the FY24/25/26 Strategic Plan and will be reported on in future reports. With the global pandemic shifting the agency workforce, new measures were created for FY2023, being:

MEASURE	GOAL	FY23	COMMENT
Maintain a minimum of 3 years tenure for 30% of staff	30%	48%	MET
Overall rating from FY2023 staff engagement survey	85%	86%	MET
Decrease voluntary and involuntary terminations within the introductory period	18% / 10%	5% / 6%	MET
Recalculate the market-based compensation plan with salary ranges that complete with Grand Bargain mandates	100%	100%	MET
Recruit for DSP for “time to hire” not to exceed 30 days	30 days	16 days	MET

Process: *Data is collected on an annual basis and is submitted by the Director of Human Resources and/or the HR Generalist. Aggregate data is analyzed by the Executive Director. Improvements are identified by the ED and members of management and communicated thru this report.*

Analysis: Five out of five of the goals (100%) were achieved.

Performance Improvement: The agency will continue its efforts to use various communication vehicles, including traditional and social media as well as the agency’s generous employee referral program to recruit employees. Sunshine Village will also implement its robust Recognition and Wellness Calendar for FY2024 to help with retention efforts.

EMPLOYEE ENGAGEMENT and SATISFACTION SURVEY: In February of 2023, SSV completed an Employee Engagement and Satisfaction Survey. With a response rate of 65% (in 2022 it was 81%), the following is the Executive Summary:

Overall satisfaction in 2022 was 90% and it was 89% in 2021. It is 86% in 2023. However, all levels are still significantly higher than in 2019 when it was 81%. Eight of the questions asked showed a satisfaction level of 90% or more. Twelve questions had a satisfaction level between 80% and 89%. Three questions, in the areas of PTO, pay and benefits, had a satisfaction level less than 80%.

QUESTION	Satisfaction Level	Dissatisfaction Level
I feel valued for the work I perform	85%	9%
I enjoy coming to work at SSV	93%	3%
I am proud to tell people I work at SSV	97%	0%
I have fun at work	94%	2%
Co-workers treat each other with respect	82%	11%
I receive clear direction from my supervisor	89%	5%
My supervisor keeps me informed of what is happening at SSV	93%	2%
Leadership keeps me informed of what is happening at SSV	93%	0%
I think my paid time-off benefits are satisfactory	74%	11%
The benefits SSV offers are satisfactory	74%	9%
I am paid fairly	66%	23%
I see myself working for SSV two years from now	87%	1%
SSV makes employees’ health and wellness a priority	81%	6%
Working at SS allows me to maintain a good work/life balance	91%	3%
Policies and Guidelines are fair	92%	1%
My supervisors provide helpful feedback	91%	4%
My supervisors listen to my feedback and suggestions	86%	5%
Leadership listens to my feedback and concerns	85%	5%
My supervisors treat me with respect	82%	2%
My supervisors offer me praise for a job well done	80%	3%
Leadership offers me praise for a job well done	84%	4%
I am comfortable giving feedback to my supervisors	87%	8%
I receive enough training to do my job well	88%	6%
AVERAGE	86%	5%

Process: *Survey are administered every two years by the Human Resources Department, through electronic means (Survey Monkey.) At times, surveys are administered more often. Aggregate data is analyzed by the Executive Director and improvements are identified by the ED and members of Management. Results are communicated through staff meetings and this report.*

Analysis: Overall satisfaction decreased between 2022 and 2023 – from 09% to 86%. The full report, shared with the Board of Directors and Management – was used within planning for the FY24/25/26 Strategic Plan. This information was also shared with all employees and improvements were made to policies (Attendance, Cell Phone and enhancements to wellness initiatives.)

Performance Improvement: Sunshine Village will continue its efforts to enhance its Total Rewards Plan (wage, benefits and culture.) A follow up survey will be completed in FY2024.

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. The training plans will be reviewed and improved for FY2024 as part of the agency’s Strategic Planning processes.

Recognition: In November of 2022, SSV hosted a peer-to-peer Thanksgiving Recognition Campaign. A total of 38 employees completed forms to recognize 56 of their co-workers. Of the 56 employees, 34 were recognized by more than one of their co-workers. In 2005, when the campaign was initiated, 30 employees received letters – and that number ranged from 14 – 31 in the proceeding years. The level of participation in FY2023 shows a higher level of employee engagement.

C. TECHNOLOGY: The organization developed a one-year plan for FY2023. Within this plan, there were 4 goals that were initiatives focused, 1 goal involving a technology policy, 3 goals involving software, 2 goals involving the website/virtual platforms, 4 goals involving hardware and 10 goals involving security. All 24 goals – 100% - were achieved.

Process: Data is collected by the Director of IT from various platforms and reports on an annual basis in June. Aggregate data is analyzed by the Executive Director and improvements are identified by the ED and Director of IT. Results are communicated through this report.

Analysis: 100% of measures were achieved.

Performance Improvement: A FY2024 Technology Plan was developed with measures in the areas of Initiatives; Policies; Software; Website/Virtual Platforms; Hardware and Security.

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.

IV. SERVICE DELIVERY

LIFE ENGAGEMENT SERVICES (DAY HAB) and EMPLOYMENT SERVICES: Effectiveness and Efficiency Measures for the agency’s Life Engagement Programs (also known as Day Habilitation Programs) and Employment Services Programs, including CBDS, were suspended during the COVID-19 crisis. Comparative measures could not be used. Census data has now been added to the report.

LIFE ENGAGEMENT SERVICES (DAY HAB) FY2023 GOALS

EFFECTIVENESS MEASURES	FY2023 GOAL	OUTCOME	ANALYSIS / IMPROVEMENTS
Each DH site will offer a volunteer HOPE project to promote inclusion for at least 10 months I	1 at each site	MET	MET
BTCTU will offer a science session (client input) I	1	MET	MET
3 new partners will be added to the BTCTU program I	3	2 - NOT MET	Since July 1, 2022, 2 new partners: Ben and Ed and Vega Yoga added to BTCTU
Increase the use of technology by 25% T	25% at each site	NOT MET	In July 2022, 128 chrome books across all settings and 51% observed being used during QA. Currently, 143 chrome books across all settings with 47% observed in use. However, a review of DH, shows 65% use. Underutilization of chrome books in CBDS may be attributed to less time in sited location and increased access to personal smart phones. 19 iPads across all locations with only 3 observed in use during QA-This is an increase from July 2022 with only 1 in

			use.
Increase use of visual schedules to 25% C	25% at each site	MET	MET
Offer a visual velcro board at each site to improve access/communication C	1 at each site	MET	MET
Spfld College Sunshine Model will be used by DH clients Skill	50%	MET	MET

Of the seven goals, three (43%) are focused on inclusion, two (29%) on communication, one on technology and one on skill development.

EFFICIENCY MEASURE	FY2023 GOAL	OUTCOME	ANALYSIS / IMPROVEMENTS
All incident reports will be completed/reviewed within timelines	100%	NOT MET	51 total incident reports completed on HCSIS. DH submitted 19 reports- 89% submitted on time and 79% reviewed on time.
Increase DH clients by 25% (225)	25% (321)	NOT MET	250 clients – SSV halted new referrals in May of 2023
Promote DH services to school systems	3	MET	MET
Present clinical services to funding/referral source	3	NOT MET	Clinical Services Process was revised and Power-Point presentation completed.

Analysis: Six out of eleven goals, 55%, were achieved. The remaining five goals were partially achieved. Details for goals not achieved are itemized above.

EMPLOYMENT SERVICES FY2023 GOALS

EFFECTIVENESS MEASURES	FY2023 GOAL	OUTCOME	ANALYSIS / IMPROVEMENTS
CBDS clients will partake in a regularly scheduled inclusion experience to engage in their community I	85%	MET	MET
Spfld College Sunshine Model will be used by CBDS clients Skill	85%	MET	The model-QR codes-is utilized throughout the programs and clients use as needed and desired with their smart devices. The current QR codes do not track usage.
Increase work-based	50%	NOT MET	We increased from 32 to 44 work-based

learning environments by 50% (32) W	(48)		learning opportunities.
Hold pop up events to showcase/sell entrepreneurial products W	4	NOT MET	We participated in 3 pop-up events. The 4 th scheduled event-The Gateway Arts Bazaar-cancelled the event due to lack of interest.
Increase group work locations by 50% (2) W	50% (4)	NOT MET	During the year, we operated a supervised work crew at Westfield State University October 2022- May 2023. We do not believe we will be back in September 2023. We started working with Valley Pets LLC February 2023, however, limited work.
Each CBDS program will offer interactive career exploration (virtualjobshadow.com / SourceAmerica) W	10	MET	MET

Of the six effectiveness measures, four (67%) are focused on increasing employment opportunities (paid work) while one is focused on inclusion and one is focused on skill development.

EFFICIENCY MEASURES	FY2023 GOAL	OUTCOME	COMMENT	ANALYSIS / IMPROVEMENTS
All incident reports will be completed and reviewed within timelines	100%	100%	MET	51 total incident reports submitted on HCSIS-32 ES/CBDS-and 100% submitted on time/100% reviewed on-time in ES/CBDS.
Increase CBDS clients by 25% (102)	25% (127)	110	NOT MET	Acceptance of new clients was halted in 2023
Maintain janitorial hours at WMS	100%	100%	MET	MET
Promote ES/CBDS services in local school systems	3	3	MET	MET

Analysis: Six out of ten goals, 60%, were achieved. The remaining four goals were partially achieved. Details for goals not achieved are itemized above.

CENSUS DATA

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

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

EMPLOYMENT and CBDS SERVICES – IN PERSON SERVICES:

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

* 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 539. Sunshine Village is serving nearly 66% of the client base number from March 19, 2020.

Analysis: There was an increase of 28 clients in Day Hab programs and an increase of 5 clients in ES/CBDS. Sunshine Village halted the acceptance of clients in May of 2023.

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

PROGRAM	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023
Day Hab / Fusion	24	21	13
ES / CBDS / WMS	12	10	7
TOTAL	36	31	20

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
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: The most recent Quality Assurance Review was completed in July of 2023. Technology utilization has increased in all programs. No trends for corrective action were identified upon review by the Director of Day Services.

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 COVID-19 Crisis 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. Another comprehensive three-year plan, for the Fiscal Year 2024, 2025 and 2026 was approved by the Board of Directors in June of 2023.

The organizational goals that were committed to are as follows:

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.