

# 2024 ANNUAL REPORT

## Performance Management System

Calendar Year 2024 and First Six Months of Fiscal Year 2025

### I. INTRODUCTION

Sunshine Village's Performance Management System is an application of a variety of approaches to assess the implementation and utility of programmatic services and administrative supports. It is an outcome-based tool that evaluates the agency's services, supports and overall performance with the purpose of improving all operations based upon information and stakeholder 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:

- Stakeholder Satisfaction Assessment
  - Client and Guardian
- Finance
  - Audits
- Safety and Security
  - Safety
  - Security
  - 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
- Report Compilation

### II. ACCREDITATION, LICENSING AND SURVEYS

**ACCREDITATION:** SSV 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. The next survey will take place in the Spring of 2026.

**LICENSING:** SSV received a two-year certification and a rating of 94% in February of 2023. The next survey is anticipated to take place in early 2025.

## **II. ORGANIZATIONAL PERFORMANCE**

**STAKEHOLDER SATISFACTION PROGRAM:** SSV is committed to achieving high levels of satisfaction within each stakeholder group, within the constraints of fiscal realities. In an effort to identify satisfiers and dissatisfiers, the agency formally assesses its stakeholders, including clients, 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.

**EMPLOYEES and FUNDING/REFERRAL SOURCES:** The next surveys for these stakeholder groups will be administered in February of 2025 using similar questions to the survey conducted in 2022, 2023 and 2024 so that trends can continue to 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 and CBDS):**

<b>WMS / CBDS CLIENTS</b>	<b>Agree</b>	<b>Disagree</b>
Courteousness ( <i>Staff are Polite</i> )	99%	1%
Friendliness ( <i>Staff are Nice and Approachable</i> )	100%	0%
Positive Attitude ( <i>Staff Motivate Me / Are Usually Upbeat</i> )	100%	0%
Professionalism ( <i>Staff are Dedicated / Get Along Well</i> )	98%	2%
Knowledge and Competence ( <i>Staff Know their Job</i> )	98%	2%
Willingness to Help ( <i>Staff Help When Needed</i> )	99%	1%
Safety: I feel safe at Sunshine Village	100%	0%
Cleanliness: The site is clean and attractive <b>NEW QUESTION</b>	97%	3%
Support Staff Listens to Me	97%	3%
Like Coming Here Each Day	95%	5%
I Enjoy My Day and Activities	97%	3%
I am satisfied with how and when SSV communicates with me	99%	1%
I am happy with the technology/assistive technology provided <b>NEW QUESTION</b>	99%	1%
I am Satisfied with SSV Services	97%	3%
I would recommend SSV services to others	97%	3%
<b>OVERALL SATISFACTION</b>	<b>98%</b>	<b>2%</b>
I am interested in working by myself in a competitive job	64%	3%

**Analysis:** Satisfaction remains very high and dissatisfaction remains very low.

**Performance Improvement:** Two new questions were added. Overall satisfaction for 2024 was 98%. Any individual dissatisfaction is attended to on an individual basis.

With 64% of respondents indicating that he/she wanted an individual job, another survey was conducted. A Competitive Jobs Survey was completed in February of 2024 – and responded answered: 27% wanting an individual job, 64% wanting a supported job in a supervised group and 9% not knowing. Further questions regarding transportation, work shift, work hours and environmental preferences were asked. Feedback was included in the ISP.

<b>WMS / CBDS <u>GUARDIANS</u></b>	<b>SATISFIED</b>	<b>NOT SATISFIED</b>
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%
Cleanliness ( <i>The site is clean and attractive</i> ) <b>NEW QUESTION</b>	100%	0%
Communication: It is easy for me to reach a Case Manager	100%	0%
Communication: Satisfied with how/when SSV communicates w me	98%	2%
I am Satisfied with the Program	98%	2%
I am happy with the tech/assistive technology provided. <b>NEW QUESTION</b>	100%	0%
If I have a Complaint, It Is Handled Well	98%	2%
I am Satisfied with SSV Services	98%	2%
I would Recommend SSV to Others	98%	2%
<b>OVERALL SATISFACTION</b>	<b>99%</b>	<b>1%</b>
I would like him/her (CBDS) to have their own job in the community	57%	43%

**Analysis:** Satisfaction remains very high and dissatisfaction remains very low.

**Performance Improvement:** Overall satisfaction in 2024, with 42 surveys out of 49 surveys sent (86% response rate), was 99%. SSV will continue to monitor satisfaction levels. SSV will continue to look into the desire for a competitive job from clients – as this feedback is very different than what has been presented on day-to-day basis and during ISPs.

**DAY HABILITATION SERVICES:**

<b>Day Habilitation / Fusion <u>CLIENTS</u></b>	<b>Agree</b>	<b>Disagree</b>
Courteousness ( <i>Staff are Polite</i> )	100%	0%
Friendliness ( <i>Staff are Nice and Approachable</i> )	99%	1%
Positive Attitude ( <i>Staff Motivate Me / Are Usually Upbeat</i> )	100%	0%
Professionalism ( <i>Staff are Dedicated / Get Along Well</i> )	99%	1%
Knowledge and Competence ( <i>Staff Know their Job</i> )	100%	0%
Willingness to Help ( <i>Staff Help When Needed</i> )	99%	1%
Safety ( <i>I feel safe at SSV</i> )	98%	2%
Cleanliness ( <i>The site is clean and attractive</i> ) <b>NEW QUESTION</b>	99%	1%
Support Staff Listens to Me	99%	1%

Like Coming Here Each Day	100%	0%
I Enjoy My Day and Activities	100%	0%
I am satisfied with how and when SSV communicates with me	100%	0%
I am happy with the tech/assistive tech provided <b>NEW QUESTION</b>	100%	0%
I am Satisfied with SSV Services	100%	0%
I would recommend SSV services to others	98%	2%
<b>OVERALL SATISFACTION</b>	<b>99%</b>	<b>1%</b>

**Analysis:** Satisfaction remains very high and dissatisfaction remains very low.

**Performance Improvement:** Overall satisfaction in 2024 was 99%. SSV will continue to monitor satisfaction levels and address any individual dissatisfaction on an individual basis.

<b>Day Habilitation / Fusion <u>GUARDIANS</u></b>	<b>Agree</b>	<b>Disagree</b>
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> )	99%	1%
Knowledge and Competence ( <i>Staff Know Their Job</i> )	100%	0%
Willingness to help ( <i>Staff Help When Needed</i> )	99%	1%
Safety ( <i>I am Comfortable with Safety Measures</i> )	98%	2%
Cleanliness (The site is clean and attractive) <b>NEW QUESTION</b>	100%	0%
It is easy for me to reach a Case Manager	98%	2%
I am satisfied with how and when SSV communicates with me	97%	3%
I am Satisfied with the Program	100%	0%
I am happy with the technology/assistive technology provided <b>NEW QUESTION</b>	98%	2%
If I have a Complaint, It Is Handled Well	98%	2%
I am Satisfied with SSV Services	100%	0%
I would Recommend SSV to Others	100%	0%
<b>OVERALL SATISFACTION</b>	<b>99%</b>	<b>1%</b>

**Analysis:** Satisfaction remains very high and dissatisfaction remains very low.

**Performance Improvement:** Overall satisfaction - from 177 survey sent with an 87% response rate (154) - was xx% in 2024. SSV will continue to monitor satisfaction.

### III. CRITICAL AREAS

**FINANCE:** The organization underwent annual audits completed by Meyers Brothers Kalicka, PC.

<b>FY2024 AUDITS</b>	<b>FINDINGS</b>
FY2024 CPA Financial Audit	No material recommendations; 0 management recommendations
2024 401K Audit	No material recommendations; 6 management recommendations

**Financial Audit Analysis:** At a Board of Directors meeting on November of 2024, the Auditors presented the CPA Financial Audit report which achieved the agency’s goal of having no material weaknesses. Further, there were no recommendations for management.

**401K Audit Performance Improvement:** The 401K Audit showed no material weaknesses or recommendations. The organization had turnover in its payroll department in FY2024 and also underwent a transition to an electronic payroll system. With four administrators, many with limited experience, managing payroll, 5 human errors were made – and recommendation made to the Board about an allocation to the 401K plan was unclear (salary versus base or actual.) All errors were corrected, and all employees were made whole using actual salary (which is a more generous definition than base salary.) With the transition to the electronic payroll system, the possibility of these human errors happening again has been minimized, if not eliminated.

**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.

2024 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
Annual Safety inspection completed by Safety Officer	1	1	MET
Inspections completed by Maintenance quarterly (new goal)	4	4	MET
Fire Extinguisher Inspections performed monthly (new goal)	12	12	MET

**Analysis:** Sunshine Village achieved 100% of its Safety Goals, including two new goals developed in response to the last CARF survey.

**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.

**SECURITY:** Sunshine Village undergoes a security assessment – where a law enforcement or security professional looks for ways for the agency to further protect its people, property and equipment - on a regular basis and has engaged a security professional to complete the assessment for 2025. The Security Plan will then be updated with short term and long range goals. Plans completed in 2019 and 2022 – by retired law enforcement personnel - show a high level of success in achieving the majority of recommendations made by the external experts.

**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.

<b>RISK MANAGEMENT GOALS</b>	<b>2019 BASELINE</b>	<b>2022 OUTCOME</b>	<b>2023 OUTCOME</b>	<b>2023 OUTCOME</b>	<b>2024 OUTCOME</b>
Reduce total injuries to staff by 25% (65)	110	55	41	87	92
Reduce client driven injuries to staff (acts of aggression) by 25% (33)	54	27	20	44	46
Reduce injuries resulting from a “slip or fall” by 25% (5)	10	5	4	7	7
Develop and implement a process to come into compliance with monitoring fire extinguishers. (100%)	n/a	n/a	100%	100%	100%
Correct all deficiencies within 2023 Accessibility Inspections	100%	100%	100%	100%	100%
Correct all deficiencies within 2023 Annual Inspections	100%	100%	100%	100%	100%

**Analysis:** SSV achieved 3 of its 6 goals – only 50%. The majority of staff injuries were from client events or caused by lack of awareness of surroundings. These goals will remain for 2025 in hopes that progress can be made.

**Performance Improvement:** SSV has enhanced its Safety Care training to include the Advanced Skills/High Intensity training module and will continue with the increased Direct Supports Technical trainings, including Real Life Scenario training. A second master’s Level Clinician was hired and clinical presence within day hab program will increase in 2025. The organization will also continue to train and encourage employees to be observant and aware of their surroundings.

**CRITICAL INCIDENTS:** Sunshine Village has monitored and assessed critical incidents to improve service delivery for decades. In 2020 and in 2023 based upon a recommendation from CARF, the organization refined its data collection systems and now includes this area in the Annual Report.

<b>AREA / LOSS EXPOSURES</b>	<b>2024 TOTAL CRITICAL INCIDENTS</b>	<b>ASSESSMENT COMPLETED BY</b>	<b>TRENDS IDENTIFIED</b>	<b>CORRECTIVE ACTIONS</b>
DPPC Complaints	16	Human Rights Committee	none	As needed
Workers’ Comp Injuries	92	Director of Human Resources	See below	See below
Workers Comp Claims	29	Director of Human Resources	See below	See below
Restraints	46	Director of Day Services	See below	See below
Client Grievances	0	Executive Director	none	none
Loss Exposure(s) Identified by Safety Committee	0	Executive Director	none	none

**Workers Comp Injuries Analysis:** In 2024, SSV began detailing the Workers Comp measure to include Total Injuries and Total Claims. Of the 92 injuries, 29 – or 32% - resulted in a claim. Lack of awareness in the person’s environment and surroundings is an on-going factor and injuries from clients are the top two reasons for the claims. These will be addressed in the Safety Committee meetings and within the agency’s technical training targeted to DSPs.

**Restraints Analysis:** All restraints are reviewed by Management and by the agency’s Human Rights Committee. Detailed information is outlined further in this report under Restraints Review.

**Critical Incident Data Specific for Vehicle Accidents – which will serve as Baseline for future years:**

VEHICLE ACCIDENTS	2023	2023 %	2024	2024 %
Total Accidents	12		7	
SSV At Fault	7	58%	4	57%
SSV No Fault	5	42%	3	43%
Accidents with no injuries	11	92%	6	86%
Accidents with one injury	1	8%	0	0%
Accidents with multiple injuries	0	0%	1	14%
Number of Employees involved	12		7	
Number of Clients involved	28		32	

**Analysis:** SSV began collecting data in 2023 for vehicle accidents, beyond total number. In future years, trends may be identified.

**Performance Improvement:** SSV continues to include all transportation personnel in all trainings and has emergency procedures, including communication, in place should a vehicle accident occur.

**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	2023 <i>BASELINE</i>	2024
Death	0	0	0	<b>0</b>	0
Suicide Attempt	0	0	0	<b>0</b>	0
Unexpected Hospital Visit	22	15	30	<b>33</b>	43
Med/Psy Intervention NOT Requiring Hospital Visit	14	8	7	<b>6</b>	4
Inappropriate Sexual Behavior with Police Involvement	0	0	2	<b>5</b>	3
Perpetrator of Physical Altercation **	45	52	6	<b>130</b>	174
Victim of Physical Altercation **	34	19	10	<b>75</b>	113
Significant Behavioral Incident	12	10	48	<b>137</b>	239
Missing Person	0	0	0	<b>2</b>	0
Fire	0	0	0	<b>0</b>	0
Suspected Mistreatment and Abuse *	1	5	11	<b>28</b>	32
Property Damage	0	0	2	<b>11</b>	26
Theft	0	0	0	<b>2</b>	2
Criminal Activity Including Possession / Use of Weapon or Unauthorized Use of Legal / Illegal Substances	0	0	2	<b>3</b>	0
Transportation Accident involving Emergency Responders	0	1	0	<b>10</b>	5
Emergency Relocation for more than 24 hours ***	0	0	0	<b>0</b>	0
Medication Occurrence (MAP)	1	0	0	<b>1</b>	3

Overdose (recommended by CARF)			0	0	0
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**Analysis:** The above information is a result of two systems, being HCSIS 2020, 2021 and 2022) and eHana (2023.) The thresholds for reporting are different – and the data cannot be compared. The 2023 data will now serve as baseline. For 2024, some of the data is duplicative and SSV is working with its electronic health care system provider to remedy this issue.

SSV successfully supports clients with significant behavior challenges with universal support. All incidents are documented through the eHana incident report system, regardless of severity. The outcomes for Perpetrator of Physical Altercation and Significant Behavioral Incident are high – as compared to previous years. One client is responsible for 41 reports while a second client is responsible for 18 reports.

**Performance Improvement:** SSV has enhanced its Safety Care training to include the Advanced Skills/High Intensity training module and will continue with the increased Direct Supports Technical trainings, including Real Life Scenario training. A second master’s Level Clinician was hired and clinical presence within day hab program will increase in 2025.

*\*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 REVIEW:** The following is a summary of restraints that are reviewed in detail by the agency’s Human Rights Committee.

RESTRAINTS	2020	2021	2022	2023	2024
# Restraints	39	4	29	19	46
# Clients Restrained	18	3	7	9	15

**Analysis:** Restraints are reviewed individually by the agency’s Human Rights Committee. 44 of the 46 restraints were within the Day Habilitation programs – with 29 (66%) in the Davis Program, 14 (32%) in Agawam and 1(2%) in Knights. One client in Davis was involved in 12 restraints while in Agawam, 2 clients were involved in 7 and 5 restraints each.

**Performance Improvement:** SSV will maintain monitoring systems in the area of restraints and continue reporting to the Human Rights Committee and DDS and take appropriate action should the safety of the individual and/or others warrant a different level of staffing supports, a different program, a suspension or discharge.



**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 2024, the organization has maintained 100% compliance with all regulatory mandates and is maintaining or exceeding its own targets for communication and education.

	<b>2024 GOAL</b>	<b>OUTCOME</b>	<b>COMMENT</b>
<i>Consumer Education</i>			
Right / Ethic / Character of the Month	10	10	MET
<i>Staff Training</i>			
Articles in Staff Newsletter	10	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%	100%	MET
<i>Coordination</i>			
# Of Coordinators	1	2	MET
<i>Human Rights Committee</i>			
# Of members	5	5	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:** SSV met all goals.

**Performance Improvement:** SSV is continuing to maintain a robust Human Rights System while also maintaining an equally robust Positive Behavioral Supports system. At some point, EOHHS is supposed to replace the Human Rights System with PBS.

**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 PBS system's effectiveness.

<b>PBS PERFORMANCE METRIC</b>	<b>2024 GOAL</b>	<b>2024 OUTCOME</b>	<b>COMMENT</b>
Clients feel support staff are courteous	95%	99%	MET
Clients feel support staff are friendly	95%	99%	MET
Clients agree staff listen to them	95%	98%	MET
Clients likes coming to SSV	95%	97%	MET

Guardians feel staff are friendly	95%	100%	MET
Incidents involving physical altercations will decrease from 130 (2023) by 10%	117	158	NOT MET
A debriefing will occur for each restraint	100%	100%	MET
Incident Prevention training will be provided at all programmatic sites twice	10	10	MET
A minimum of 20 clients will participate in advocacy/leadership series through MASS	20	8	NOT MET
The PBS Advisory Team (clients and staff) will meet at least 12 times	12	12	MET
PBS program will be updated based upon any newly developed PBS state mandates	100%	100%	MET
Quality Assurance Audits will be conducted at all sites quarterly	4	4	MET

**Analysis:** SSV met 10 out of its 12 PBS goals – or 83%. Not as many clients were interested in attending the MASS Advocacy series.

**Performance Improvement:** To minimize incidents involving physical altercations, SSV has enhanced its Safety Care training to include the Advanced Skills/High Intensity training module and will continue with the increased Direct Supports Technical trainings, including Real Life Scenario training. A second master’s Level Clinician was hired and clinical presence within day hab program will increase in 2025.

**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.

<b>INVESTIGATIONS</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Total Number of Investigation Dispositions	7	7	17	27	16
DDS to Investigate	n/a	n/a	6	7	4
DPPC to Investigate (new on HCSIS)					1
Administrative Review	4	5	4	12	3
Direct to Complaint Resolution Team	3	0	3	3	3
Dismissed	0	2	1	4	4
Resolved Fairly and Efficiently (new on HCSIS)					1
Cases Substantiated	0	0	0	1	0
Cases Unsubstantiated	0	0	2	3	4

**Analysis:** SSV had no substantiated complaints.

**Performance Improvement:** SSV will continue monitoring investigation and substantiated cases.

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 ensuring 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 and can be safely served. 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 the calendar year 2024, 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 at each program site (total 9)	100%	MET
ATTITUDINAL	SSV will provide training to local law enforcement agencies on Autism, ID, DD (NEW) <i>Partnership with South Hadley Police Department to serve local police department thru CIT</i>	100%	MET
ATTITUDINAL	Support at least three other organizations that serve people with autism/ID/DD (NEW) <i>Special Olympics, Miracle League, Mass ARC</i>	3	MET
EMPLOYMENT	Promote the abilities of people with disabilities as productive employees by actively participating in membership of at least three local business organizations <i>Chicopee Chamber, Springfield Chamber, WOTR Chamber, EANE, MassHire, HRMA</i>	6	MET
EMPLOYMENT	Pursue the implementation of “entrepreneurial” supports for individuals interesting in pursuing self-employment	100%	MET
SOCIAL	SSV will host 2 parties at each site in 2024 (NEW)	12+	MET
SOCIAL	SSV will maintain at least 4 partnerships for DH for “Bringing the Community to Us.”	11	MET

	<b>7 monthly partners and 2 seasonal partners</b>		
TRANSPORTATION	Use car lift services as alternative means of transportation for both employees and participants	As able	MET
FINANCIAL	Provide information about available resources to improve economic circumstances by educating staff about retirement planning <b>Charter Oak Financial Services</b>	3	MET
FINANCIAL	Offer financial education assistance to employees and CBDS clients <b>Westfield Bank and Cambridge Credit Counseling</b>	2	MET
COMMUNICATION and TECHNOLOGY	Include communication question on client surveys	100%	MET
TECHNOLOGY	IT Director to provide technology training to clients and employees on cyber security (NEW)	1	MET
IMPROVEMENT	At least 3 goals will be changed for 2024	4	MET

**Analysis:** Sunshine Village achieved all goals.

**Performance Improvement:** SSV will continue to enhance the accessibility of its environments, processes, services and resources – both internal and external to sites.

F. **CULTURAL COMPETENCY, DIVERSITY and INCLUSION**: The CULTURAL COMPETENCY, DIVERSITY and INCLUSION goals and outcomes for calendar year 2024 were as follows:

2024 GOALS	AREA	OUTCOME	COMMENT
Include diversity topics in at least four (4) staff newsletters	Awareness	4	MET
Provide at least two (2) trainings on cultural diversity through PBS	Awareness	2	MET
Include clients in PBS planning	Inclusion	Yes	MET
Host a celebration for PBS committee participation	Inclusion	1	MET
Provide at least two (2) opportunities for staff to learn about personal finances	Socioeconomic	2	MET
Provide guidance at least twice for all staff pertaining to retirement planning	Age	3	MET
Assess website to reduce language barriers	Language	1	MET
Assess programs to reduce language barriers with employees	Language	1	MET
Achieve a year with no MCAD complaints related to discrimination	Policy	1	NOT MET

**Analysis:** SSV met 8 out of 9 of its goals, or 89%.

**Performance Improvement:** SSV will continue to improve its services, supports, environments, processes, policies and standards to ensure high levels of inclusion as well as awareness of and respect for differences.

**DEMOGRAPHIC INFORMATION:** Sunshine Village collects 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:** SSV will continue to promote itself as an Equal Opportunity employer and continue to offer professional and personal development opportunities, including leadership development, to all employees to advance their career.

**F. COMMUNICATION, 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.

With the creation of a Community Relations Manager in the latter part of 2023, SSV will engage in increased promotional activities – using a variety of communication mechanisms – to reach all stakeholder groups in 2024.

A comprehensive Community Relations Plan was approved by the Board of Directors in June of 2024 – outlining efforts in the areas of Communication, Marketing and Resource Development - and outcomes for the performance metrics will be shared in the agency’s PMS Biannual Report.

## **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:** The assessments that were completed since the 2024 Bi-Annual Report do not show any trends. More work needs to be done in supporting client with technology.

**Performance Improvement:** Sunshine Village will continue to support both clients and employees in using technology to improve service provision and quality of life issues. SSV is awaiting the Assistive Technology / Adaptive Design report being completed by an Assistive Technology Consultant.

## V. SERVICE DELIVERY

Through the Closure and Reopening Phases – and now through the Rebuilding phase - traditional performance measures had been suspended for Fiscal Years 2020, 2021 and 2022. They were developed and implemented again for FY2023 and will continue in the future.

### 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	CENSUS – 12/31/2023	CENSUS – 12/31/2024
Davis	70	21	35	62	72	74
Knights	60	24	44	48	45	44
Three Rivers	77	22	62	78	70	60
Agawam	34	23	47	66	56	53
<b>TOTAL</b>	<b>241</b>	<b>90</b>	<b>188</b>	<b>254</b>	<b>243</b>	<b>231</b>

EMPLOYMENT and CBDS SERVICES – IN PERSON SERVICES:

<b>SITE</b>	<b>PRE-PANDEMIC CENSUS *</b>	<b>CENSUS - 12/31/2020</b>	<b>CENSUS – 12/31/20201</b>	<b>CENSUS – 12/31/20202</b>	<b>CENSUS – 12/31/203</b>	<b>CENSUS – 12/31/2024</b>
WMS	17	14	26	23	22	21
Casey CBDS	133	34	56	63	64	79
Three Rivers CBDS	0	0	7	9	7	11
Agawam CBDS	0	7	30	40	35	39
<b>TOTAL</b>	<b>150</b>	<b>55</b>	<b>119</b>	<b>135</b>	<b>128</b>	<b>150</b>

\* *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 Board of Directors approved a Three-Year Strategic Plan – for fiscal years 2024, 2025 and 2026 – in June of 2023. The plan is reviewed by Management bi-annually and regular updates are provided to the BOD. An update for the success of Fiscal Year 2025 will also be provided in the Bi-Annual Performance Management System Report in June of 2025.

The following plans and programs support the agency’s overall Strategic Plan:

- Community Relations Plan
- Strategic Technology Plan
- Safety / Risk Management / Emergency Preparedness Plan
- Security Plan
- Cultural Competency, Diversity and Inclusion Plan
- Accessibility Plan
- Human Resources System
- Customer Satisfaction Program
- Workforce Development Plan

## **VI. REPORT / DATA COMPILATION (2023 CARF recommendation)**

The Executive Director of Sunshine Village, who holds Bachelor of Science in Business Administration and a Master of Business Administration, began collecting, analyzing and communicating performance management data and program evaluation reports for the organization in 1991. She has received training in performance management from the Commission on Accreditation of Rehabilitation Facilities as well as from local trade and business associations. She is assisted with collection by various key employees within the organization – who use the organization’s electronic health records software, time and attendance software and other manual systems for data retrieval.