

# 2025 ANNUAL REPORT

## Performance Management System

Calendar Year 2025 and First Six Months of Fiscal Year 2026

### 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
- Information Security
- 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 – which has since been extended

until June of 2026. The report complimented the organization in a multitude of areas. The next survey will take place in April or May of 2026.

**LICENSING:** SSV received a two-year certification and a rating of 94% in February of 2023. Because of this strong showing, in April of 2025, the organization was able to choose the option of completing a self-assessment, instead of undergoing a full licensing survey. The self-assessment showed that after a thorough review, all but one indicator was met – involving the timely submission of a restraint report. SSV was deemed for certification in both Community Based Day Services and Employment Support Services through April 28, 2027.

## **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 2026 using similar questions to the survey conducted in 2022, 2023, 2024 and 2025 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 GUARDIANS</b>	<b>Agree</b>	<b>Disagree</b>
Courteousness ( <i>Staff are Polite</i> )	100%	
Friendliness ( <i>Staff are Nice and Approachable</i> )	100%	
Positive Attitude ( <i>Staff Motivate Me / Are Usually Upbeat</i> )	100%	
Professionalism ( <i>Staff are Dedicated / Get Along Well</i> )	100%	
Knowledge and Competence ( <i>Staff Know their Job</i> )	100%	
Willingness to Help ( <i>Staff Help When Needed</i> )	100%	
Safety: I feel safe at Sunshine Village	100%	
Cleanliness: The site is clean and attractive <b>NEW QUESTION</b>	100%	
Support Staff Listens to Me	97%	3%
Like Coming Here Each Day	97%	3%
I Enjoy My Day and Activities	100%	
I am satisfied with how and when SSV communicates with me	100%	
I am happy with the technology/assistive tech provided <b>NEW QUESTION</b>	100%	
I am Satisfied with SSV Services	100%	
I would recommend SSV services to others	99%	1%

OVERALL SATISFACTION		99%	
I am interested in working by myself in a competitive job		3%	97%

**Analysis:** There was a 70% return rate – with 35 surveys returned. Satisfaction remains very high and dissatisfaction remains very low.

**Performance Improvement:** Overall satisfaction for 2025 exceeded that of 2024 – from 98% to 99%. Any individual dissatisfaction is attended to on an individual basis.

WMS / CBDS CLIENTS	SATISFIED	NOT SATISFIED
Courteousness ( <i>Staff are Polite</i> )	99%	1%
Friendliness ( <i>Staff are Nice and Approachable</i> )	99%	1%
Positive Attitude ( <i>Staff Motivate / Are Usually Upbeat</i> )	99%	1%
Professionalism ( <i>Staff are Dedicated / Get Along</i> )	97%	3%
Knowledge and Competence ( <i>Staff Know Their Job</i> )	99%	1%
Willingness to help ( <i>Staff Help When Needed</i> )	98%	2%
Safety ( <i>I am Comfortable with Safety Measures</i> )	99%	1%
Cleanliness ( <i>The site is clean and attractive</i> ) <b>NEW QUESTION</b>	98%	2%
Communication: It is easy for me to reach a Case Manager	97%	3%
Communication: Satisfied with how/when SSV communicates w me	97%	3%
I am Satisfied with the Program	98%	2%
I am happy with the tech/assistive technology provided. <b>NEW QUESTION</b>	95%	5%
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	99%	1%
OVERALL SATISFACTION	98%	
I have recommended SSV to another Family / Client	91%	9%
I would like him/her (CBDS) to have their own job in the community	97%	3%

**Analysis:** Satisfaction remains very high and dissatisfaction remains very low. There was an 82% return on the surveys (162 clients and 134 clients completed the surveys.)

**Performance Improvement:** Individual dissatisfaction is attended to on an individual basis.

### **DAY HABILITATION SERVICES:**

Day Habilitation GUARDIANS	Agree	Disagree
Courteousness ( <i>Staff are Polite</i> )	100%	
Friendliness ( <i>Staff are Nice and Approachable</i> )	100%	
Positive Attitude ( <i>Staff Motivate Me / Are Usually Upbeat</i> )	100%	
Professionalism ( <i>Staff are Dedicated / Get Along Well</i> )	100%	
Knowledge and Competence ( <i>Staff Know their Job</i> )	100%	
Willingness to Help ( <i>Staff Help When Needed</i> )	99%	1%
Safety ( <i>I feel safe at SSV</i> )	99%	1%
Cleanliness ( <i>The site is clean and attractive</i> ) <b>NEW QUESTION</b>	99%	1%
It is easy for me to reach a Case Manager	98%	2%
I am happy with how and when SSV communicates with me	100%	

I am satisfied with the program	100%	
I am happy with the Technology / Assistive Tech provided <b>NEW</b>	99%	1%
If I have a complaint, it is handled well	99%	1%
I would recommend SSV to others	100%	
I am Satisfied with SSV Services	100%	
<b>OVERALL SATISFACTION</b>	<b>99%</b>	

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

**Performance Improvement:** Overall satisfaction in 2024 was 99% and remained the same in 2025. SSV will continue to monitor satisfaction levels and address any individual dissatisfaction on an individual basis. The return rate of surveys (total sent 214) was extremely high – at 85%.

<b>Day Habilitation CLIENTS</b>	<b>Agree</b>	<b>Disagree</b>
Courteousness ( <i>Staff are Polite</i> )	97%	3%
Friendliness ( <i>Staff are Nice and Approachable</i> )	98%	2%
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> )	98%	2%
Willingness to help ( <i>Staff Help When Needed</i> )	100%	
Safety ( <i>I am Comfortable with Safety Measures</i> )	98%	2%
Cleanliness (The site is clean and attractive) <b>NEW QUESTION</b>	97%	3%
It is easy for me to reach a Case Manager	99%	1%
I am satisfied with how and when SSV communicates with me	98%	2%
I am Satisfied with the Program	98%	2%
I am happy with the technology/assistive technology provided <b>NEW QUESTION</b>	96%	4%
If I have a Complaint, It Is Handled Well	97%	3%
I am Satisfied with SSV Services	94%	6%
I would Recommend SSV to Others	92%	8%
<b>OVERALL SATISFACTION</b>	<b>97%</b>	

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

**Performance Improvement:** Individual satisfaction is attended to on an individual basis.

### III. CRITICAL AREAS

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

<b>FY2025 AUDITS</b>	<b>FINDINGS</b>
FY2025 CPA Financial Audit	No material recommendations; 0 management recommendations
2025 401K Audit	No material recommendations; 0 management recommendations

**Financial Audit Analysis:** At a Board of Directors meeting on November of 2025, 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 – which was presented to the full BOD at their January 2026 meeting - showed no material weaknesses or recommendations.

**SAFETY / SECURITY**: The agency is committed to ensuring that all clients, employees, visitors 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.

Sunshine Village undergoes regular security assessments in which an external professional evaluates opportunities to further protect people, property, and equipment. A security professional has been engaged to complete the 2025 assessment, after which the Security Plan will be updated to include both short-term and long-range goals. Security plans completed in 2019 and 2022 by retired law enforcement personnel demonstrated a high level of success, with the majority of external recommendations implemented. In 2025, the assessment was conducted by a security professional outside of law enforcement to provide a complementary perspective and a different set of expectations aligned with the organization's evolving standards.

2025 SAFETY / SECURITY GOALS	GOAL	OUTCOME	COMMENT
Committee Meetings	4	4	MET
% Of Sites with Safety Officer	100%	100%	MET
Monthly Safety Spotlight	10	10	MET
Quarterly Safety Inspections	4	4	MET
Annual Safety Inspection completed by Safety Officer	1	1	MET
Annual Emergency Preparedness Inspection completed by SO	1	1	MET
Bi-annual Risk Mgmt Inspections completed by Operations	2	2	MET
Fire Extinguisher Inspections performed monthly	12	12	MET
Complete a Security Assessment by a Security Consultant (new)	1	1	MET

**Analysis:** Sunshine Village achieved 100% of its Safety / Security Goals, including one new goal.

**Performance Improvement:** Sunshine Village will continue to monitor its success in the area of Safety / Security and will augment its work in this area with risk management initiatives – including maintaining Safety / Security as a standing agenda item at Management Meetings and including these topics in the strategic planning process.

**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.

RISK MANAGEMENT GOALS	2019 BASELINE (pre-covid)	2022 OUTCOME	2023 OUTCOME	2023 OUTCOME	2024 OUTCOME	2025 OUTCOME
Reduce total injuries to staff by 25% (69)	110	55	41	87	92	NOT MET (72)
Reduce client driven injuries to staff (acts of aggression) by 25% (35)	54	27	20	44	46	NOT MET (41)
Reduce injuries resulting from a “slip or fall” by 25% (5)	10	5	4	7	7	NOT MET (10)
Develop a plan to address recommendations from Security Assessment (new)	n/a	n/a	n/a	n/a	n/a	MET
Correct all deficiencies within 2025 Accessibility Inspections	100%	100%	100%	100%	100%	MET
Correct all deficiencies within 2025 Annual Inspections	100%	100%	100%	100%	100%	MET

**Analysis:** SSV achieved 3 of its 6 goals – x50%. The majority of staff injuries continue to be from client events or caused by lack of awareness of surroundings. These goals will remain for 2026 in hopes that progress can be made.

**Performance Improvement:** Many improvements were made in 2024 and 2025 (including adding another Master Level Clinician to the Clinical Team and adding Advanced Skills/High Intensity training to Safety Care) and they did not impact the number of injuries and/or incidents. SSV has increased its training in both personal safety and organizational security in 2026 – and is working on implementing both Phase One and Phase Two of its Visibility Plan – in hopes to see a reduction in injuries.

**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.

AREA / LOSS EXPOSURES	2024 TOTAL CRITICAL INCIDENTS	ASSESSMENT COMPLETED BY	2025 TOTAL CRITICAL INCIDENTS
DPPC Complaints	16	Human Rights Committee	19
Workers' Comp Injuries	92	Director of Human Resources	72
Workers Comp Claims	29 (32%)	Director of Human Resources	25 (35%)
Restraints	46	Director of Day Services	70
Client Grievances	0	Executive Director	0
Loss Exposure(s) Identified by Safety Committee	0	Executive Director	0

**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. In 2025, the total number of injuries decreased as did the overall claims. Lack of awareness in the person's environment and surroundings continues to be an on-going factor as is injuries from clients. Additional training is being provided in 2026 – as Phase One and Phase Two of the agency's Visibility Plan are being implemented. DPPC complaints increased from 16 to 19 between 2024 and 2025; however, in 2025, there were no substantiated complaints. The number of restraints, and the number of clients restrained, also increased significantly.

**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 %	2025	2025 %
Total Accidents	12	-	7	-	6	-
SSV At Fault	7	58%	4	57%	1	17%
SSV No Fault	5	42%	3	43%	4	83%
Accidents with no injuries	11	92%	6	86%	5	100%
Accidents with one injury	1	8%	0	0%	0	0
Accidents with multiple injuries	0	0%	1	14%	0	0
Number of Employees involved	12	-	7	-	5	-
Number of Clients involved	28	-	32	-	8	-

**Analysis:** SSV began collecting data in 2023 for vehicle accidents, beyond total number. In 2025, the number of accidents decreased – with one accident happening when the vehicle was parked and no one was inside it. The number where SSV was at fault was minimal (and resulted in no injuries) – in comparison to the previous two years.

**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. In 2026, dual facing cameras are being installed in all transportation and operational vehicles, and this technology may assist in providing information about safety and security (outside of and within the vehicles).

**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	2023 BASELINE	2024	2025
Death	0	0	0
Suicide Attempt	0	0	0
Unexpected Hospital Visit	33	43	41
Med/Psy Intervention NOT Requiring Hospital Visit	6	4	2
Inappropriate Sexual Behavior with Police Involvement	5	3	2
Perpetrator of Physical Altercation	130	174	163
Victim of Physical Altercation	75	113	135
Significant Behavioral Incident	137	239	253
Missing Person	2	0	0

Fire	<b>0</b>	0	0
Suspected Mistreatment and Abuse *	<b>28</b>	32	37
Property Damage	<b>11</b>	26	12
Theft	<b>2</b>	2	9
Criminal Activity Including Possession / Use of Weapon or Unauthorized Use of Legal / Illegal Substances	<b>3</b>	0	0
Transportation Accident involving Emergency Responders	<b>10</b>	5	4
Emergency Relocation for more than 24 hours	<b>0</b>	0	0
Medication Occurrence (MAP)	<b>1</b>	3	1
Overdose (recommended by CARF)	<b>0</b>	0	0

**Analysis:** SSV successfully supported clients with significant behavior challenges with universal supports until 2025 – and in that year, began accepting clients with targeted support plans. The outcomes for Perpetrator of Physical Altercation, Victim of Physical Altercation and Significant Behavioral Incident are high – and this could be because of the increase in clients and the new allowance of using targeted support plans.

**Performance Improvement:** SSV enhanced its Safety Care training to include the Advanced Skills/High Intensity training module in 2024 and continues with the increased Direct Supports Technical trainings, including Real Life Scenario training and, new to 2026, Sexuality Training. A second master's Level Clinician was hired and clinical presence within day hab programs has increased over the past 18 months. Additional structure will be added to programming and clinicians will begin reviewing incidents where an individual has had only one restraint – to see if other inventions would have been more appropriate.

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

**RESTRAINTS REVIEW:** The following is a summary of restraints that are reviewed in detail by both Senior Management and the agency's Human Rights Committee.

RESTRAINTS	2020	2021	2022	2023	2024	2025
# Restraints	39	4	29	19	46	70
# Clients Restrained	18	3	7	9	15	26

**Analysis:** Restraints are reviewed individually by the agency's Human Rights Committee. In 2025, SSV the number of clients increased – and the organization began accepting clients who could be supported using a targeted behavior plan. Both of these factors play a role in the increasing numbers of restraints.

**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. Additionally, SSV will continue all improvements enacted within clinical services and professional development – while PBS will begin directing more structured activities within programs that could potentially decrease behavioral incidents.

**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 2025, the organization has maintained 100% compliance with all regulatory mandates and is maintaining or exceeding its own targets for communication and education.

	2025 GOAL	OUTCOME	COMMENT
<i>Consumer Education</i>			
Right / Ethic / Character of the Month	10	10	MET
<i>Staff Training</i>			
Articles in Staff Newsletter	10	10	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 – until that time, SSV will ensure that all mandates are achieved.

**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.

PBS PERFORMANCE METRIC	2025 GOAL	2025 OUTCOME	COMMENT
Clients feel support staff are courteous (85%)	95%	98%	MET
Clients feel support staff are friendly (85%)	95%	99%	MET
Clients agree staff listen to them (85%)	95%	98%	MET
Clients like coming to SSV (85%)	95%	98%	MET

Guardians feel staff are friendly (85%)	95%	100%	MET
Incidents involving physical altercations will decrease from 174 (2024) by 20%	139	163	NOT MET
A debriefing will occur for each restraint	100%	100%	MET
Decrease significant behavioral incidents by 10% (from 239 to 209) <b>NEW</b>	209	219	NOT MET
CBDS – Increase Give and Grow opportunities by 25% (from 37 to 46) <b>NEW</b>	46	49	MET
CBDS – Increase Live and Learn opportunities by 25% (from 82 to 102) <b>NEW</b>	102	113	MET
CBDS – Increase Work and Earn opportunities by 25% (from 12 to 15) <b>NEW</b>	15	19	MET
The PBS Advisory Team (clients and staff) will meet at least 12 times	12	12	MET
DH - Programs will host “Random Acts of Kindness Days” 4 times each - <b>NEW</b>	16	16	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	3	NOT MET

**Improvement:** Five NEW goals were introduced for 2025. Each program was involved in Lasagna Love – with DH programs making lasagnas and CNDS programs delivering them to neighbors in this global non-profit / grassroots movement. Each DH program also collected acorns in the fall months to help local rehabbers feed animals.

**Analysis:** SSV met 12 out of its 15 PBS goals – or 80%.

**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 was increased in 2025. New initiatives for 2026 will include:

- The PBS Leadership Team will begin working to direct programming to be more structured – potentially decreasing behavioral incidents.
- The Clinical Team will review the incidents involving clients with only one restraint – to determine if other interventions would have been more appropriate.
- With changes to positions and responsibilities, it was agreed to reduce the number of Quality Assurance Audits to twice a year – with this activity being reviewed as to effectiveness.

**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	2021	2022	2023	2024	2025
Total Number of Investigation Dispositions	7	17	27	16	19
DDS to Investigate	n/a	6	7	4	8
DPPC to Investigate (new on HCSIS)				1	0
Administrative Review	5	4	12	3	4
Direct to Complaint Resolution Team	0	3	3	3	3
Dismissed	2	1	4	4	4
Resolved Fairly and Efficiently (new on HCSIS)				1	0
Cases Substantiated	0	0	1	0	0
Cases Unsubstantiated	0	2	3	4	7

**Analysis:** SSV had no substantiated complaints in both 2024 and 2025.

**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 2025, being:

AREA	GOAL	OUTCOME	COMMENT
ARCHITECTURAL	Identify barriers through an annual inspection and make corrections, as able	100%	MET
ATTITUDINAL	Promote at least three “themed” months related to awareness and/or appreciation of people with disabilities (NEW)	3	March, April and October 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,	100%	South Hadley CTT and Chicopee

	DD		MET
ATTITUDINAL	Support at least three other organizations that serve people with autism/ID/DD	4	Providers Council, ADDP, HSF, Miracle League MET
EMPLOYMENT	Promote the abilities of people with disabilities as productive employees by actively participating in membership of at least three local business organizations	5	SRCC, CCC, EANE, HRMA, MassHire MET
EMPLOYMENT	Pursue the implementation of “entrepreneurial” supports for individuals interesting in pursing self-employment	100%	MET
EDUCATION	PBS Advisory Members will complete MASS Advocacy Training Program (NEW)	100%	NOT MET
SOCIAL	SSV will maintain at least 5 partnerships for DH for “Bringing the Community to Us.” (UPGRADED)	7	MET
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	3	MET
FINANCIAL	Offer financial education assistance to employees and CBDS clients	4	MET
COMMUNICATION / TECHNOLOGY	SSV will use new technology to increase accessibility for EAASL clients/families (NEW)	100%	Purchased translators MET
COMMUNICATION / TECHNOLOGY	Include communication and technology questions on client surveys (UPGRADED)	100%	MET
TECHNOLOGY	SSV will investigate AI (NEW)	1	MET
IMPROVEMENT	Three goals will be added or ungraded for 2025	6	MET

**Analysis:** Sunshine Village achieved 15 out of 16 goals – 94%.

**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:

2025 GOAL	AREA	OUTCOME	COMMENT
Provide at least two (2) trainings on cultural diversity through PBS	Awareness	2	MET
Include clients in PBS planning	Inclusion	100%	MET
Host a celebration for PBS committee participation	Inclusion	1	MET
Host at least ten (10) PBS ROCKS monthly meetings	Educational	10	MET
Provide at least four (4) opportunities for staff to learn about personal finances – <b>NEW GOAL</b>	Socioeconomic	3	NOT MET
Provide at least two (2) financial trainings for clients at WMS – <b>NEW GOAL</b>	Socioeconomic	3	MET
Provide guidance at least twice for all staff pertaining to retirement planning	Age	3	MET
Include additional language options (beyond English) to increase accessibility on the agency's website – <b>NEW GOAL</b>	Language	0	NOT MET
Assess programs to reduce language barriers with employees	Language	100%	MET
Achieve a year with no MCAD complaints related to discrimination	Policy	0	MET
Implement at least 25% of recommendations from AT/AD Plan – enhancing client centric technology – in 2025 <b>NEW GOAL</b>	Access	0	NOT MET

**Analysis:** SSV met 8 out of 11 of its goals, or 73%.

**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 – in the areas of age and residence, with the majority of clients and employees living in with Springfield or Chicopee. The majority of clients (61%) are male – with the majority of employees (74%) being female. Ethnicity between clients and employees is reflective - 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 and board members will have access to this data when recruiting new members.

**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. A transitional plan was developed in response to the Global Pandemic in September of 2022 and SSV engaged in increased promotional activities – using a variety of communication mechanisms – to reach all stakeholder groups in 2023 and 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 Vice President of Day Services – who summarizes the findings in an Executive Summary. The report is then reviewed by the President/CEO and any trends that are identified are then communicated, with improvement measures, within the Performance Management System's Annual and Biannual Reports.

**Analysis:** Quality Assurance Review that was completed in December of 2025 shows compliance with standards and did not identify any negative trends or corrective actions needed.

**Performance Improvement:** The organization will continue to complete self-assessments, in addition to surveys completed by state and federal licensing and national accrediting bodies, to improve service provision and performance.

## V. SERVICE DELIVERY

Through the Closure and Reopening Phases – and then 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	CENSUS – 12/31/25
Davis	70	21	35	62	72	74	80
Knights	60	24	44	48	45	44	46
Three Rivers	77	22	62	78	70	60	68
Agawam	34	23	47	66	56	53	67
<b>TOTAL</b>	<b>241</b>	<b>90</b>	<b>188</b>	<b>254</b>	<b>243</b>	<b>231</b>	<b>261</b>

### EMPLOYMENT and CBDS SERVICES – IN PERSON SERVICES:

SITE	PRE-PANDEMIC CENSUS *	CENSUS - 12/31/2020	CENSUS – 12/31/20201	CENSUS – 12/31/20202	CENSUS – 12/31/203	CENSUS – 12/31/2024	CENSUS – 12/31/25
WMS	17	14	26	23	22	21	20
Casey CBDS	133	34	56	63	64	79	85
Three Rivers CBDS	0	0	7	9	7	11	17
Agawam CBDS	0	7	30	40	35	39	41
<b>TOTAL</b>	<b>150</b>	<b>55</b>	<b>119</b>	<b>135</b>	<b>128</b>	<b>150</b>	<b>163</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.

**Analysis:** SSV continues to increase its census – in both departments. Total number of clients increased in the identified time periods from 381 to 424 – by more than 10%.

## 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.

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: INFORMATION SECURITY (new for 2025 report)**

Sunshine Village utilizes industry-standard cybersecurity safeguards, including centralized identity management, multi-factor authentication, endpoint protection, regular patching, and secure data backup procedures to protect organizational and client information

## **VII. REPORT / DATA COMPIRATION (new - 2023 CARF recommendation)**

The retiring President / CEO of Sunshine Village holds a Bachelor of Science in Business Administration (BSBA) and a Master of Business Administration (MBA.) She began collecting, analyzing, and communicating performance management data and program evaluation reports for the organization in 1991.

She has received formal training in performance management and quality assurance initiatives from the Commission on Accreditation of Rehabilitation Facilities (CARF), as well as from local trade and business associations, including the Associated Industries of Massachusetts (AIM), the Employers Association of the Northeast (EANE), the Providers Council, and the Association of Developmental Disabilities Providers (ADDP).

She is supported in data collection efforts by key employees across the organization, who utilize electronic health records systems, electronic time and attendance software, and other manual data sources for information retrieval.

The incoming President/CEO will conduct a review of this system to ensure its continuation and ongoing improvement in support of the organization's sustained effectiveness in service provision and operational performance.