

I. Introduction

Arc of Onondaga believes that all people with developmental disabilities will be respected, contributing citizens who will achieve their fullest potential for independence and inclusion in the community. It is our mission, through the supports and services of our agency, to assist individuals with developmental disabilities achieve their fullest potential. Arc of Onondaga has served individuals and their families since 1951 and continues to provide supports in vocational, clinical, habilitative services and residential settings. The drive for excellence and continuous quality improvement is a part of all that we do.

This Quality Improvement Plan is created by taking into consideration The Council on Quality and Leadership (CQL) Basic Assurances, Shared Values, Personal Outcome Measures and the Arc New York Quality Standards and Oversight Committee Requirements as well as current quality practices in place at Arc of Onondaga. Arc of Onondaga achieved a three year CQL Quality Assurances Accreditation in September 2015. This process included a vigorous self-assessment of the systems and practices in place at Arc of Onondaga based on the CQL Basic Assurances and Shared Values validation; Personal Outcome Measures and Focus Groups. In the spring of 2017, CQL completed an 18 month visit to assess the progress of the agency.

Shared Values

Values, beliefs and expectations about people determine the way we provided services, supports and resources. A variety of activities including targeted interviews, document review, focus groups, site visits and Personal Outcome Measures conversations were conducted by CQL to determine the alignment of Arc of Onondaga's values with CQL's Shared Values standards.

CQL's results and findings:

"The organization brings its mission, vision and values to life through the work that it does. It continually strives to find innovative ways for people to achieve their dreams. The agency is committed to providing the best supports possible and constantly strives to 'do more'. Arc of Onondaga is currently in process of transforming the core of its services to focus on shared leadership, empowerment and person directed supports. It is striving to engage family members, board members, people receiving support and direct support professionals in this journey. The area of Shared Values is a significant strength of the Arc of Onondaga."

Basic Assurances

Basic Assurances address the provision of safety measures put into action from the person's perspective. Basic Assurances requires policies and procedures or systems, while the effectiveness of the system is determined in practice or the carrying out of the policy, person by person. These assurances are not statements of intent; rather, they are the essential, fundamental and non-negotiable requirements.

CQL's results and findings 18 month visit:

"It was found that the organization has made significant progress in the correction of the Basic Assurance indicators that were not fully present (at the initial accreditation). It was found that many of these indicators are now sufficiently in place that they should be considered present in both system and practice."

Personal Outcome Measures:

Personal Outcome Measures focuses on the choices people have in their lives and serves as powerful tool for evaluating the quality of life for people. The Personal Outcome Measures enable us to learn about people in new and different ways and can also provide a guide for person-centered planning. In order to achieve Quality Assurances accreditation with CQL, organizations must: 1. utilize the Personal Outcome Measures on an individual level for planning and discovery, and 2. collect, aggregate, analyze and act on data collected as a result of Personal Outcome Measures implementation.

CQL's results and findings 18 month visit:

"Arc of Onondaga is commended for the start the staff has made in the use of the POM and their dedication to extending the use of the instrument to more people receiving services from the organization."

Arc of Onondaga has internal capacity in the area of Personal Outcome Measures. It has invested in developing the skills of a Certified Trainer, has trained numerous staff on the POM philosophy (approximately 400 to date); has trained approximately 30 staff as POM interviewers; has conducted 40-50 POM interviews and developed a new position that will have a primary job responsibility as a POM interviewer.

As Arc of Onondaga continues to incorporate the processes of CQL into the fabric of our agency, the Quality Improvement Plan will serve as a guide. As Arc of Onondaga continues to work to adopt more person centered approaches, the monitoring of the Basic Assurances and the implementation of the CQL Personal Outcome Measures will serve to provide the agency with invaluable information regarding how individuals feel supports are present for the areas of their lives that are important to them. There are several formal and informal agency committees in place to drive these quality initiatives forward. These groups include but are not limited to the Agency QA/CQI Committee, Participant Advisory Council and sub-councils. Additional sub-committees and workgroups are formed as necessary to focus on specific tasks and initiatives. The Agency QA/CQI Committee is a key component of the oversight of all quality initiatives as well as a direct link to the Board of Directors. The Agency QA/CQI Committee provides oversight to the development and monitoring of agency and divisional continuous quality indicators. Two Board Members currently serve on this committee and information is provided to the Board of Directors on a monthly basis.

II. Key Quality Indicators

As part of the improvement process Arc of Onondaga will focus on the implementation and monitoring of the Basic Assurances through a variety of mechanisms, including

Personal Outcome Measures. The achievement of Personal Outcome Measures (POM) is the most important quality indicator as it defines quality based upon what matters most to people. The analysis of POM data, as well as other forms of data, will be critical to assist Arc of Onondaga to continually enhance the quality of services and supports that are provided to people. Continuous Quality Indicators (CQI) will be used to assist in gathering data and implementing quality initiatives throughout the organization.

Additionally, the Arc New York Quality Standards and Oversight Committee have identified the following eight areas as key quality indicators. The majority of these indicators are consistent with Basic Assurance components and many will be addressed through Arc of Onondaga's efforts in those areas.

Arc NY Key Quality Indicators:

1. Bureau of Program Certification Reviews
2. Incident Review Committee (IRC) Annual Report
3. Quality Improvement reviews by non-regulatory agencies
4. Self-Audits
5. Satisfaction Levels of the People We Support
6. Satisfaction Levels of our Staff Members.
7. An Assessment of the Quality of Life of the People We Support
8. Human Resource issues such as staff retention rates, OSHA reportable injuries, adequacy of staffing levels and staff development programs.
9. Board governance and review with attestation of Quality Improvement Plan:

III. Activities to Achieve the Key Quality Indicators

1. Personal Outcome Measures

As noted above, Arc of Onondaga has internal capacity in the area of Personal Outcome Measures. The organization has invested in developing the skills of one Certified Trainer, developing a one day introduction to Personal Outcome Measures, developing tools to incorporate Personal Outcome Measures into plans and developed a system to aggregate data. Arc of Onondaga will need to move forward with plans to fully implement the systems that have been developed for Personal Outcome Measures as part of the CQL accreditation partnership agreement. The Personal Outcome Measures provide an assessment of the quality of life to the people we support, their satisfaction levels as well as an indication of the implementation of the Basic Assurances.

Our Personal Outcomes Measures Plan includes utilizing the POM on an individual basis as a tool for discovery, learning and planning and to collect, aggregate and take action based on data collected.

The completion of POM interviews has been a struggle as all of the POM interviewers have been trying to add this task on top of their day to day job responsibilities. In 2017, the Centralized Plan Coordination Department was created and one of the primary job

responsibilities incorporated into the job descriptions was the completion of POM interviews. Additionally, a Training/Quality Assistant position was developed which includes POM interviewing as a primary job function. With these changes, the intention is that more POM interviews will be able to be completed.

Goals:

- Ensure all Centralized Plan Coordinators are trained in the 4-day POM workshop.
- Complete additional POM interviews for people supported by Arc of Onondaga.
- Provide ongoing training to Plan Coordinators on expectations for use of POM results.
- Continue to provide POM philosophy training to all agency staff.
- Utilize the CQL Database to collect POM data. .
- Develop/use reports to identify trends and action areas on all 21 POM's.

Evidence of Success:

- Use reports from the CQL database to identify trends/action areas based on POM results.
- Collect success stories in monthly QA reports.

2. Basic Assurances

The Basic Assurances are essential, fundamental and non-negotiable requirements for all service and support providers. They are demonstrations of successful operations in the areas of health, safety and human security. The Basic Assurances are made up of 10 Factor areas encompassing 46 indicators. Each indicator has a number of probes that help determine if both the system and practice are present. There must be evidence of both in order for the indicator to be considered present. The monitoring and evaluation of these Factor areas will be a significant component of the quality enhancement efforts of this plan. As of the 2017 CQL monitoring visit, Arc of Onondaga has achieved 41/46 indicators present. In order to maintain CQL accreditation, all Basic Assurances must be brought into compliance by the second visit. While monitoring and evaluation of all Factor Areas will be addressed, priorities for quality enhancement will focus on those Factor areas and indicators that were not present.

The information in this section will outline current priorities and identify possible areas of further growth. These future goals may change as additional information is obtained from assessment of the factor areas.

Factor One: Rights Protection and Promotion (4/5 indicators present):

The focus of this factor will consist of achievement of (1e) providing decision-making supports to people. A review of POM data collected from 2016-2017 for the two outcome areas related to this indicator is as follows:

	Outcome	Support
Rights	7%	5%
Treated Fairly	7%	5%

Goals:

- Continue to provide education on rights for individuals, staff and families.
- Expand the Freedoms Assessment to align with the Rights Booklet. Consider developing/implementing an alternative tool to assess rights.
- Implement the Financial Capability Assessment, Financial Education for individuals and policy/procedure revisions to increase individual’s independence in handling their own finances.
- Continue the identification of all possible rights restrictions.
- Implement due process procedures for additional rights restrictions.
- Implement supported decision making assessment to determine areas of support for people.

Evidence of Success:

- Educational opportunities/activities provided to people supported, staff and families on rights and supported decision making. This will be demonstrated through QA reports.
- Implementation of the Freedoms assessment and supports as indicated.
- Implementation of Supported Decision-Making assessments.
- Implementation of the Financial Capability Assessment and due process around personal finances.
- Success stories of people being supported to exercise rights and make more decisions for themselves.
- POM data collection, aggregation and trending of People Exercise Rights and People are Treated Fairly.

Future goals:

- Identification of all possible restrictions and a reduction in those restrictions.

Factor Two: Dignity and Respect (4/5 indicators present):

The focus in this factor area will include the achievement of one indicator; (2e) people having meaningful work and activity choices. A review of POM data related to this area collected during 2016-2017 indicates the following:

	Outcome	Support
Integrated Env.	42%	42%
Choose Work	19%	23%
Respect	23%	21%

Goals:

- Develop a variety of ways that plans can be provided to people in ways that they can understand.
- Explore ways to improve informed personal choice to people on the activities/work they choose to do.

- Focus on incorporating POM results into people’s plans in a more meaningful manner to help people achieve their dreams.
- Complete implementation of changes related to personal finances to support people having more control over their own resources.
- Support and educate people to become more independent in transportation options.

Evidence of Success:

- Continue to focus and monitor the completion of POM interviews.
- Examples of modified plans provided to people.
- Review of system changes regarding personal finances.
- POM data collection, aggregation and trending of People live in Integrated Environments; People Choose Where to Work; People are Respected.

Future goals:

- Evaluate and revise the grievance and complaint procedures to make them easier to understand. Ensure communication back to the person initiating the concern. Collect data related to complaints to aggregate, analyze and act.
- Explore ways to offer people more choice and involvement in relation to roommates.

Factor Three: Natural Support Networks (4/4 indicators present):

All indicators in this area are now considered present in practice and system. In review of POM data collected from 2016-2017, for the people interviewed, the three outcome areas related to this indicator are people are connected to natural supports, people have friends and people have intimate relationships. A review of the POM data collected shows the following:

	Outcome	Support
Nat. Supports	35%	45%
Friends	28%	26%
Int. Relationships	14%	14%

Goals:

- Continue to incorporate into training, the role of staff to identify and foster emerging natural supports.
- Continue to increase people’s natural support networks as desired. Consider use of technology that will enable people to stay connected.
- Identify ways to support and educate people to develop and maintain friendships and intimate relationships as they desire.

Evidence of Success:

- POM data collection, aggregation and trending of People are Connected to Natural Supports; People have Intimate Relationships and People have Friends.

Future goals:

- Increase volunteer opportunities to foster development of relationships.

Factor Four: Protection from Abuse, Neglect, Mistreatment and Exploitation (6/6 indicators present):

As the systems and practices in this area are strong, the focus for this indicator will be to maintain those in place. The Annual Incident Trend report will continue to be used as a mechanism to assist in identifying trends and making recommendations for improvements. The 2016-2017 POM results are as follows:

	Outcome	Support
Free from abuse, neglect	42%	30%

Individuals lack of understanding of neglect and exploitation impact the results of this POM area.

Goals:

- Improve education to individuals on abuse, neglect, mistreatment and exploitation.
- Decrease the number of incidents of abuse, neglect, mistreatment and exploitation.
- Identify trends and take actions based on results.

Evidence of Success:

- Develop the annual incident trend report and share results with IRC and Board of Directors.
- Provide on an annual basis a summary of NYSARC incident indicators to the NYSARC state office.
- POM data collection, aggregation and trending of People are Free from Abuse and Neglect.

Future Goal:

- Revise the complaint process to make it easier to understand and to use.

Factor Five: Best Possible Health (5/6 indicators present):

The initial focus of this factor area will include the achievement of indicator (5a) people have supports to manage their own health care. The POM data from 2016-2017 related to this outcome is as follows:

	Outcome	Support
Best Possible Health	32%	25%
2016	20%	5%
2017	55%	55%

It is important to note the significant increase in outcome/supports from 2016 to 2017 results in this factor area. While the indicator is not yet present, significant improvement is noted.

Goals:

- Develop assessment to determine people’s interest and abilities to manage their own health care and the supports needed to help them accomplish it.
- Develop training for Direct Support Professionals who frequently support people before, during and after medical appointments.
- Provide educational opportunities to people on health issues.
- Provide people understandable information about their health.
- Empower people to select their own health care providers.

Evidence of Success:

- Review of assessments and an increase in people managing their health care. A CQI indicator will be used to develop and monitor this.
- Training and Educational opportunities for staff and people supported. This will be reported on through the Nursing Committee and included in Nursing Committee QA reports.
- POM data collection, aggregation and trending of People have Best Possible Health

Future goals:

- Support people to identify Health Care Proxy’s.
- Obtain family medical histories for person’s record to better advocate for health screenings.
- Explore a more formal planning process for future needs.

Factor Six: Safe Environments (4/4 indicators present):

This factor area is another strength for the Arc of Onondaga as both systems and practices are in place. The focus for this area will be to maintain the work the agency has done in this area and to increase education to people supported. The 2016-2017 POM data results are as follows:

	Outcome	Support
People are Safe	47%	39%

Goals:

- Continue to provide educational opportunities to people to empower them to feel safe in a variety of situations.
- Continue to monitor safety inspections and fire drills to identify areas of improvement, best practices and take actions on trends.
- Streamline policies and procedures related to safety.

Evidence of Success:

- Review of trend information related to safety inspections and fire drills as reported to the QA Committee.

- POM data collection, aggregation and trending of People feel Safe.

Future goals:

- Consider ways to increase people’s use of assistive technology to improve their safety and independence.

Factor Seven: Staff Resources and Supports (5/5 indicators present):

As the systems and practices in this factor area are strong, the focus of this area will be on continuing previously identified areas of quality enhancements. The 2016-2017 POM data for Continuity and Security is as follows:

	Outcome	Support
Continuity/Security	14%	12%

Goals:

- Improve recruitment and retention of employees.
- Use the Core Competency evaluation results to focus staff training efforts.
- Continue annual implementation and analysis of staff satisfaction survey with actions taken as appropriate for improvement. Develop actions plans based on survey results
- Continue efforts to support people in coordinating their own team and their own plans.

Evidence of Success:

- CQI indicator related to recruitment and retention.
- Analyze Core Competency evaluation results.
- Implementation of actions related to results of satisfaction surveys. As these areas are identified, possible CQI indicators may be developed.
- POM data collection, aggregation and trending of People have Continuity and Security.

Future goals:

- Streamline HR policies.
- Evaluate/revise divisional orientation checklists to shift focus to the people supported and role of the staff person.
- Consider ways to formalize a staff mentoring program.

Factor Eight: Positive Services and Supports (4/5 indicators present):

The initial focus of this indicator will be on the achievement of indicator (8a) people’s individual plans lead to person-centered and person-directed services and supports. The 2016-2017 POM data related to these outcomes (people choose goals/people realize goals) are as follows:

	Outcome	Support
People Choose Goals	28%	16%

People Realize Goals	40%	23%
----------------------	-----	-----

Goals:

- Complete additional POM interviews and provide additional training to Plan Coordinators on expectations for use of POM results to drive focus of support plans. Provide training on shifting focus of goals from functional goals to personal outcome goals.
- Support people to explore and choose service options and include in their plan.
- Develop a variety of ways that plans can be provided to people in ways that they can understand.

Evidence of Success:

- Review of plans and meeting minutes reflecting who the person invited and service options explored.
- Examples of modified plans provided to people.
- POM data collection, aggregation and trending of People Choose Goals; People Realize Goals.

Future goals:

- Develop/revise behavioral support policies to align with probes.

Factor Nine: Continuity and Security (4/4 indicators present):

This factor is another area of strength as all indicators are present for both system and practice. The focus of this area will be to maintain positive practices. The POM results for 2016-2017 are as follows:

	Outcome	Support
Continuity/Security	14%	12%
Share Personal Info.	7%	9%

It should be noted that the POM results for People Decide When to Share Personal Information increased from 0% for both the outcome and support in 2016 to 27% present for outcome and support in 2017.

Goals:

- Continue to involve people supported in the participation and development of new organizational systems, processes, etc.
- Continue to maintain sound fiscal practices.
- Maintain positive DQI surveys. Develop database to trend information.
- Provide education to people regarding their personal information and their involvement in sharing the information.
- Implement Therap Access for individuals and personal representatives.

Evidence of success:

- Review of meeting minutes and committee involvement.
- Review of fiscal audits and implementation of recommendations.
- Develop report to analyze survey trends from both external surveys and self surveys to identify action steps.
- POM data collection, aggregation and trending of People experience Continuity and Security and People Decide When to Share Personal Information.

Future goals:

- Effective implementation of augmentative communication options.
- Evaluate/revise replacement schedule for furniture, appliances and equipment.
- Consider ways to increase advocacy with Medicaid to ensure individuals receive necessary equipment in a timely manner.

Factor Ten: Basic Assurance System (0/2 present):

This factor area consists of the system and practice in which the agency will monitor the Basic Assurances. The focus of this area is the integration of quality systems to achieve this monitoring.

Goals:

- Use of data as indicated above to measure and identify areas of success or opportunities across the Basic Assurances.

Evidence of success:

- Monitoring systems described in Factors 1-9 successfully identify Basic Assurance results.

Future goals:

- As Quality Improvement is a never-ending process, the establishment of new goals for this plan will added based on information gathered.

3. Board governance and review with attestation of Quality Improvement Plan:

The Associate Executive Director for Quality Assurance and Compliance will send an annual attestation indicating the Board of Directors review and approval of the Quality Improvement Plan to the Arc NY state office on an annual basis. A copy of the Quality Improvement Plan is to be sent to Arc NY every three years.

The Arc of Onondaga Board of Directors shall review at least annually the performance of the agency's programs and services to determine that there is congruence between the Chapter mission statement, the Arc NY mission statement and Chapter operations. This will be documented in the Board Meeting Minutes. There is currently a member of the Board of Directors on the Incident Review Committee, as required by regulations.

The Board of Directors will have regular access to program sites and individuals through both planned visits or attendance at special events. The purpose of these visits are to build understanding of the services provided by the programs as well as educating

individuals and staff about the role of the board. All programs will receive a visit from a member of the Board of Directors on an annual basis. A calendar of special events is currently sent to all Board members monthly announcing activities and events that they may choose to attend. When a Board Member visits a program through their work on various committees (Guardianship, Adult Services, etc.), this may constitute a visit if the Board Member was able to spend time touring the program area and interacting with the individuals who receive services and supports and staff. Following a program visit, the Board Member will communicate their visitation experience to the Secretary of the Board. The Secretary of the Board will discuss program visits that were completed at the monthly Board meeting. Any issues or concerns will be addressed accordingly by Arc of Onondaga Management. The Secretary of the Board will track completed visits to ensure all sites are visited annually.

Results of regulatory surveys are currently reported to the Board of Directors on a monthly basis by the Associate Executive Director for Quality and Compliance Services. Upon implementation of self-surveys, these results will also be included in monthly reports. Additionally, survey data will be analyzed on an annual basis and reported to the Board by the AED for QA/Compliance.

The Arc of Onondaga Board of Directors is provided information on a monthly basis on the status of agency QA/CQI Indicators and Initiatives, staff turnover, retention and vacancy status, training opportunities offered to employees as well as Divisional reports detailing current status of census, programmatic changes, best practices, etc.

The Executive Director provides a summary of critical regulatory changes to the Board of Directors as needed.

The Associate Executive Director for Quality and Compliance Services provides the IRC Annual report, which contains an analysis of trends for incidents, to the Board of Directors. The results of the analysis is shared with the Board and the information used to improve performance

Arc of Onondaga currently communicates the expectations for ethical conduct during initial agency orientation through the review and training of the agency code of conduct. The code of conduct is reviewed annually with all employees during Corporate Compliance Training. This is also completed on an annual basis with the Board of Directors.

The development and expression of self-advocacy by the people who receive supports and services from Arc of Onondaga is vital to the success of the agency. Arc of Onondaga current has a Participant Advisory Council that meets on a monthly basis. This Council is comprised of individuals who receive supports at a variety of Arc of Onondaga program areas. There are also Individuals who receive supports and services on the Agency Safety Committee, Incident Review Committee and the Rights Committee, Participation in agency and divisional committees will continue to be encouraged.

IV. Arc NY Quality Indicators

To assess quality of the entire organization, Chapters must periodically provide information to Arc NY. This information, captured in three areas known as Indicators are as follows: a) Statements of Deficiencies, b) Incidents, and c) General Programs. Using the form provided by Arc NY, the Associate Executive Director of Quality and Compliance Services will ensure the following reports have been made to assist with the Arc NY global quality initiative:

General Program and Operation

- Approximate # of FTE
- Staff related injuries (OSHA Defined)
- Approximate # of individuals served all programs
- Number of participants in day supports/Number who are competitively employed
- Number of participants in certified residential programs/Number of participants receiving habilitation in non-certified settings

Statements of Deficiency

- Number of OPWDD Quality Reviews resulting in a Statement of Deficiency
- Number of OPWDD Quality Reviews that did not result in SOD
- Number of program citations
- Repeat deficiencies
- Number of 45 or 60 day letters

Incidents

- Number of reportable incidents
- Number of allegations of abuse/neglect (14 NYCRR Part 624)
- Number substantiated investigations of abuse/neglect
- Number of notable occurrences
- Number of deaths of individuals
- Number of incidents requiring law enforcement notification
- Number of program participant injuries resulting from notable occurrences

The Arc NY state office must receive copies of the minutes of the Board meeting where that data has been reviewed and the targets for improvement for the coming year have been detailed.