

I. INTRODUCTION

Sunshine Village's Performance Management System is an application of a variety of approaches to assess the implementation and utility of services provided. It is an outcome-based tool that evaluates the agency's services and overall performance with the purpose of improving operations based upon information and customer input. At the end of each calendar year, an Annual Report is completed while at the end of each fiscal year, in July, a Bi-annual Report is completed.

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

- Stakeholder Satisfaction Assessment
 - Funding and Referral Sources
 - Business Partners
- Workforce Management
 - Organizational Goals
 - Employee Engagement and Satisfaction Survey
 - Professional Development
 - Recognition
- Technology
 - Organizational Goals
- Goodwill and Marketing
- Service Delivery
 - Organizational Goals
 - Census Data
- Quality Assurance / Programs
- Strategic Planning
 - Three Year Strategic Plan for Fiscal Year 2024, 2025 and 2026

II. ACCREDITATION, LICENSING AND SURVEYS

A. ACCREDITATION: Sunshine Village was surveyed by the Commission on Accreditation of Rehabilitation Facilities – CARF – in March of 2023 and was awarded a three-year certification. The report complimented the organization in a multitude of areas.

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

C. CORI AUDIT: The annual CORI Audit was completed in April by the DDS CORI Administration from the Executive Office of Health and Human Services. The result of this audit was that there were no problems.

D. SOURCEAMERICA CONTRACTOR ASSESSMENT: The annual CPAR was completed in September of 2023. Satisfactory ratings were achieved in all areas, being Quality, Schedule, Cost Control, Management, Small Business Subcontracting and Regulatory Compliance.

III. ORGANIZATIONAL PERFORMANCE

A. STAKEHOLDER SATISFACTION ASSESSMENT: SSV is committed to achieving high levels of satisfaction within each stakeholder group, within the constraints of fiscal realities. To identify satisfiers and dissatisfiers, the agency formally assesses its stakeholder groups, including clients, families/guardians, funding/referral sources, business partners and employees on an annual basis through its Stakeholder Satisfaction Program. In addition to the formal program, satisfaction levels are assessed on a continuous, albeit less formalized, basis. Other mechanisms for gathering information include focus groups, forums, individual meetings and telephone conversations. The information gathered assists in planning purposes, allowing SSV to individualize services; make improvements on a programmatic and organizational scale; anticipate future needs and exceed present expectations.

Satisfaction levels from clients and families/guardians are communicated within SSV’s Annual Performance Management System report.

FUNDING AND REFERRAL SOURCES: In February of 2024, SSV sent out electronic surveys to our email contracts in the Holyoke/Chicopee, South Valley and Springfield/Westfield area offices. While 20 surveys of the total 140 surveys sent were opened (a modest rate of 14%) only 14 surveys – just 10% - were completed. This is barely more than last year, when only 9 surveys (8%) were completed.

| Year | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Response Rate | 27% | 12% | 30% | 8% | 5% | 8% | 10% |
| SATISFACTION | 80% | 91% | 93% | 90% | 48% | 82% | 68% |
| DISSATISFACTION | 11% | 4% | 4% | 2% | 35% | 12% | 12% |
| UNSURE | 9% | 5% | 3% | 8% | 17% | 6% | 20% |

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

| FUNDING/REFERRAL SOURCES | 2023 Agree | 2023 Disagree | 2023 Not Sure | 2024 Agree | 2024 Disagree | 2024 Not Sure |
|--|-------------------|----------------------|----------------------|-------------------|----------------------|----------------------|
| SSV responds quickly to my needs | 89% | 11% | 0% | 64% | 22% | 14% |
| SSV protects the rights of people served | 89% | 11% | 0% | 71% | 7% | 21% |
| SSV provides quality services | 78% | 11% | 11% | 86% | 7% | 7% |
| Happy with level of communication | 100% | 0% | 0% | 57% | 29% | 14% |
| Happy w communication about client(s) | | | | 57% | 29% | 14% |
| The staff are professional | 67% | 33% | 0% | 79% | 7% | 14% |
| SSV works cooperatively with me | 100% | 0% | 0% | 57% | 14% | 29% |

| | | | | | | |
|---|-------------------|----------------------|----------------------|-------------------|----------------------|----------------------|
| SSV meets its deadlines | 78% | 0% | 22% | 64% | 7% | 29% |
| Ind/Fam are satisfied with the services | 78% | 11% | 11% | 57% | 7% | 36% |
| I am satisfied with the ISPs goals and objective | 89% | 0% | 11% | 64% | 14% | 21% |
| SSV staff are well trained | 67% | 22% | 11% | 71% | 7% | 21% |
| I am satisfied with the activities offered in CBDS/DH | 67% | 33% | 0% | 79% | 7% | 14% |
| OVERALL SATISFACTION / DISSATISFACTON | 82% | 12% | 6% | 68% | 12% | 20% |
| <i>Performance Questions</i> | <i>2023 Agree</i> | <i>2023 Disagree</i> | <i>2023 Not Sure</i> | <i>2024 Agree</i> | <i>2024 Disagree</i> | <i>2024 Not Sure</i> |
| I find the information on the website useful | 67% | 0% | 33% | 86% | 0% | 7% |
| I like how SSV promotes its mission on social media | 44% | 0% | 56% | 57% | 0% | 43% |

Process: Surveys are administered by the Community Relations Manager each February through an electronic survey (SurveyMonkey.) Aggregate data is analyzed by the Executive Director. Improvements are identified by the ED and members of management, and all is communicated through this report and a timelier email sent to those stakeholders who received the initial survey. When the results of the survey were communicated, 22 of the emails, just 15%, were opened to review the results.

Analysis: When comparing data to last year, the level of dissatisfaction is the same. Satisfaction is lower – because of the higher level of the answers of “unsure.” Sunshine Village is attributing this to the high number of newer employees at all funding sources offices – as well as the survey being administered to representatives who do not have a SSV client on their caseload or have a working relationship with any of the programs. The rate of response continues to be low – which does not allow for a true interpretation of satisfaction and/or dissatisfaction.

Performance Improvement: In FY2025, in hopes of a better response rate, SSV will administer the survey only to DDS representatives who have a working relationship with at least one program. To lessen the number of “unsure” responses, Sunshine Village will also increase its efforts to encourage DDS representatives to tour programs and visit clients at agency sites so that they are more familiar with services, personnel and environments.

B. WORKFORCE DEVELOPMENT (Human Resources): The agency has developed and implemented workforce development strategies that have provided varying levels of success over its 57-year history.

The Recruitment and Retention Program and Monitoring System, established in 1998 and revised several times was last reviewed by the Board of Directors in 2022 and focused on these areas: Recruitment, Support and Supervision, Retention and Turnover.

This program was supplemented with the development of a comprehensive Three-Year Strategic Plans and the updated Organizational Goal of *Continue to be an “Employer of Choice” investing in our*

workforce through a competitive and comprehensive total rewards plan and professional development program, while emphasizing wellness and valuing work-life balance.

With the global pandemic shifting the agency workforce, new measures were created for FY2024, being:

| MEASURE | GOAL | FY24 | COMMENT |
|--|---------|--------------|-------------|
| Maintain a minimum of 3 years tenure for 30% of staff | 30% | 38% | MET |
| Overall rating from FY2024 staff engagement survey | 85% | 86% | MET |
| Decrease voluntary/involuntary terms in the intro period | 18%/10% | 5.6% / 15.6% | MET/NOT MET |
| Recalculate the market-based compensation plan | 100% | 100% | MET |
| Recruit for DSP for “time to hire” not to exceed 30 days | 30 days | 16 days | MET |

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

Analysis: Five out of six of the goals (83%) were achieved.

Performance Improvement: Voluntary terminations within the 90-day introductory period have improved vastly. Involuntary terminations within the 90-day introductory period exceeded those of the previous year. SSV is improving and enhancing its on-boarding and orientation processes and will also better define the role and responsibility of a DSP during the recruitment process.

Recruitment and Retention Analysis: Using other data, the organization monitors why people leave – either voluntarily or otherwise – and compares current year data to previous year to understand potential trends and develop corrective actions. In FY2024, the majority of voluntary terminations resulted from personal reasons and health issues as well as dissatisfaction with job duties. The majority of forced terminations resulted from excessive absenteeism. The organization is addressing these issues within its current strategic plan and will continue to monitor this data – and work to offset challenges created by the Workforce Crisis and impact of the challenges created during and in the aftermath of the global pandemic.

EMPLOYEE ENGAGEMENT and SATISFACTION SURVEY: In February of 2024, SSV completed an Employee Engagement and Satisfaction Survey. With a response rate of 63% (in 2023 it was 65% and in 2022 it was 81%), the following is the Executive Summary:

| QUESTION | Satisfaction Level | Dissatisfaction Level |
|---|--------------------|-----------------------|
| I feel valued for the work I perform | 88% | 7% |
| I enjoy coming to work at SSV | 95% | 3% |
| I am proud to tell people I work at SSV | 95% | 1% |
| I have fun at work | 93% | 2% |
| Co-workers treat each other with respect | 83% | 7% |
| I receive clear directions from my supervisor | 86% | 8% |
| My supervisor keeps me informed of what is happening at SSV | 86% | 8% |
| Leadership keeps me informed of what is happening at SSV | 88% | 7% |
| I think my paid time-off benefits are satisfactory | 73% | 15% |
| The benefits SSV offers are satisfactory | 64% | 12% |

| | | |
|---|------------|-----------|
| I am paid fairly | 86% | 7% |
| I see myself working for SSV two years from now | 89% | 3% |
| SSV makes employees' health and wellness a priority | 84% | 9% |
| SSV is a safe place to work | 94% | 3% |
| Policies and Guidelines are fair | 91% | 4% |
| My supervisors provide helpful feedback | 87% | 5% |
| My supervisors listen to my feedback and suggestions | 84% | 4% |
| Leadership listens to my feedback and concerns | 82% | 6% |
| My supervisors treat me with respect | 91% | 4% |
| My supervisors offer me praise for a job well done | 87% | 6% |
| Leadership offers me praise for a job well done | 80% | 8% |
| I am comfortable giving feedback to my supervisors | 84% | 10% |
| I receive enough training to do my job well | 92% | 5% |
| I am comfortable reaching out to the Human Resources Dept | 86% | 5% |
| I am comfortable with the Technology support I receive | 95% | 2% |
| AVERAGE | 86% | 6% |

Process: Surveys are administered regularly by the Human Resources Department, through electronic means (Survey Monkey.) Aggregate data is analyzed by the Executive Director and improvements are identified by the ED and members of Management. Results are communicated through staff meetings, written postings and this report.

Analysis: Overall satisfaction remained the same from 2023 to 2024 and dissatisfaction increased by 1%, from 5% to 6%. Given the size and industry, these levels are considered very good – indicating that SSV is achieving its goal of being an Employer of Choice. Management will consider this data when developing the FY2025 Strategic Plan, incorporating feedback into both short term and long-range corrective actions and improvements.

Performance Improvement: Several actions steps – and follow up communication methods - were undertaken in the Spring of 2024 in response to feedback from the 2024 Employee Satisfaction and Engagement Survey. Sunshine Village will continue its efforts to enhance its Total Rewards Plan (wage, benefits and culture.) A follow up survey will be completed in FY2025, and surveys will be administered to DSP positions separate from other positions for better analysis and a higher level of participation will be encouraged.

Professional Development: The organization continued its comprehensive Annual Training Program, which is reported in the Annual Report, which includes training in the areas of human rights, safety, clinical and professional topics. These training plans were reviewed and enhanced as part of the agency's Strategic Planning processes. Additionally, SSV implemented a comprehensive Workforce Development Plan, investing over \$75,000 and countless employee hours into leadership and/or technical training – as well as personal development - for all positions within the agency. This initiative will be continued into FY2025, and feedback is continually sought – after trainings and through the annual Employee Survey.

Recognition: Sunshine Village recognizes employees' milestones – include sending cards for completion of the introductory period and on each work anniversary. An annual employee celebration, Memories and

Milestones, was last held in May of 2024. A peer-to-peer thank you campaign is held during the Thanksgiving month of November.

Analysis: SSV implemented all initiatives within its FY2024 Wellness and Recognition Calendar.

Performance Improvement: A FY2025 Wellness and Recognition Calendar has been developed.

C. TECHNOLOGY: In the area of technology, Sunshine Village develops and implements annual plans – and developed a one-year plan for FY2024. Within this plan, there were 17 original goals that were focused on the areas of software, website/virtual platforms, hardware, security and strategic planning. During the course of the fiscal year, 4 of the goals were replaced with goals from new initiatives. With the new initiatives completed, there were a total of 25 completed goals.

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

Analysis: 100% of measures were achieved.

Performance Improvement: A FY2025 Technology Plan was developed with 15 measures in the areas of Software, Website/Virtual Platforms, Hardware, Security, Technology Support and Other Actions.

D. GOODWILL AND MARKETING: The Communications and Marketing Plan for FY2019, 2020 and 2021 was suspended for FY2020 and FY2021 because of the global pandemic. During FY2022, many mechanisms were used to ensure high levels of substantive communication during the rebuilding phase with all stakeholder groups, including clients/families, employees, funding sources, legislative representatives and the Board of Directors. Virtual attendance allowed SSV to promote its mission and services through presentations at legislative forums and trade association conferences and meetings. SSV personnel also attended in-person business and civic organization meetings. The plan was revised to support the agency’s Rebuilding Plan and approved by the Board of Directors in September of 2022 and the initiatives will be used to support the agency’s Regrouping and Strategic Plans.

A Community Relations Plan has been developed to support the current Three-Year strategic Plan and encompasses a Communication Program, a Marketing Plan and a Resource Development Plan. Nine performance measures are included to measure effectiveness of agency actions. This Plan will be implemented and monitored by the Community Relations Manager and Executive Director.

The outcome of these measures will be communicated within the 2025 Bi-Annual Report of the Performance Management System.

IV. SERVICE DELIVERY

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

LIFE ENGAGEMENT SERVICES (DAY HAB) FY2024 GOALS

| EFFECTIVENESS MEASURES | FY2024 GOAL | OUTCOME | ANALYSIS / IMPROVEMENTS |
|---|-------------|---------|--|
| Each DH site will offer a volunteer HOPE project to promote inclusion for at least 10 months I | 100% | 100% | MET |
| 3 new partners will be added to the BTCTU program I | 3 | 2 | Will continue to recruit partners |
| Increase the use of technology by 25% T | 25% | 23% | Will assess needs to establish if there are enough devices and competency. |
| Increase use of visual schedules to 25% C | 25% | 25% | MET |
| Offer a visual velcro board at each site to improve access/communication C | 4 | 4 | MET |
| Spfld College Sunshine Model will be used by DH clients Skill | 100% | 100% | MET |

Of the six goals, four (67%) were met. Two were focused on inclusion, two on communication, one on technology and one on skill development.

| EFFICIENCY MEASURE | FY2024 GOAL | OUTCOME | ANALYSIS / IMPROVEMENTS |
|--|-------------|---------|---|
| All incident reports will be completed / reviewed within timelines | 100% | 100% | MET |
| Increase DH clients by 10% (250) | 10% (25) | 237 | NOT MET – SSV reopened services in April of 2024. |
| Promote services to school systems through 3 events | 3 | 3 | MET |

Analysis: Six out of nine goals, 67%, were achieved. The remaining 3 goals were partially achieved. Details for goals not achieved are itemized above.

EMPLOYMENT SERVICES FY2024 GOALS

| EFFECTIVENESS MEASURES | FY2024 GOAL | OUTCOME | ANALYSIS / IMPROVEMENTS |
|--|-------------|---------|--|
| CBDS clients will participate in regularly scheduled inclusion experiences to engage in their community I | 85% | 48% | NOT MET – schedules being revamped; opportunities being enhanced and increased |
| Spfld College Sunshine Model will | 85% | 85% | MET |

| | | | |
|--|---------|------|---|
| be used by CBDS clients Skill | | | |
| Increase work-based learning environments by 10% (44) W | 10% (5) | 36 | NOT MET – opportunities will be increased |
| Hold pop up events to showcase/sell entrepreneurial products W | 3 | 3 | MET |
| Increase group work locations by 50% (2) W | 3 | 1 | NOT MET |
| Assess desire for individual jobs for clients / families W | 100% | 100% | MET |
| Each CBDS program will offer interactive career exploration (virtualjobshadow.com / Source America) W | 10 | 10 | MET |

Of the seven effectiveness measures, five were focused on increasing employment opportunities (paid work) while one was focused on inclusion and one was focused on skill development.

| EFFICIENCY MEASURES | FY2024 GOAL | OUTCOME | ANALYSIS / IMPROVEMENTS |
|--|--------------------|----------------|---|
| All incident reports will be completed and reviewed within timelines | 100% | 94% | NOT MET - Will continue to monitor and document |
| Increase CBDS clients by 10% (110) | 10% (11) | 121 | MET |
| Maintain janitorial hours at WMS | 100% | 100% | MET |
| Promote ES/CBDS services in local school systems | 3 | 3 | MET |

Analysis: Seven out of eleven goals, 64%, were achieved. The remaining four goals were partially achieved. Details for goals not achieved are itemized above.

CENSUS DATA

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

| SITE CENSUS | PRE-PANDEMIC* | 12/31/2020 | 12/31/2021 | 06/30/2022 | 06/30/2023 | 06/30/2024 |
|--------------------|----------------------|------------|------------|------------|------------|------------|
| Davis | 70 | 21 | 35 | 48 | 70 | 70 |
| Knights | 60 | 24 | 44 | 44 | 46 | 45 |
| Three Rivers | 77 | 22 | 62 | 73 | 74 | 69 |
| Agawam | 34 | 23 | 47 | 60 | 63 | 53 |
| TOTAL | 241 | 90 | 188 | 225 | 253 | 237 |

EMPLOYMENT and CBDS SERVICES – IN PERSON SERVICES:

| SITE CENSUS | PRE-PANDEMIC* | 12/31/2020 | 12/31/2021 | 06/30/2022 | 06/30/2023 | 06/30/2024 |
|-----------------------|---------------|------------|------------|------------|------------|------------|
| Westover Main Systems | 17 | 14 | 26 | 25 | 22 | 22 |
| Casey Building CBDS | 133 | 34 | 56 | 59 | 61 | 76 |
| Three Rivers CBDS | 0 | 0 | 7 | 8 | 9 | 9 |
| Agawam CBDS | 0 | 7 | 30 | 35 | 40 | 36 |
| TOTAL | 150 | 55 | 119 | 127 | 132 | 143 |

* Pre-pandemic census numbers do not include census from Village Works or the day habilitation sites in Springfield and on Main Street, Chicopee – which have been closed. Total pre-pandemic census was 539. Sunshine Village is serving nearly 66% of the client base number from March 19, 2020.

Analysis: There was a decrease of 16 clients in Day Hab programs and an increase of 11 clients in ES/CBDS. Overall, there are 5 less clients at the end of Fiscal Year 2024 as compared to FY2023. Sunshine Village halted the acceptance of clients in May of 2023 and only began welcoming new and returning clients back into programs in April of 2024.

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

| PROGRAM | FY 2021 | FY 2022 | FY 2023 | FY2024 |
|------------------|-----------|-----------|-----------|-----------|
| Day Hab / Fusion | 24 | 21 | 13 | 19 |
| ES / CBDS / WMS | 12 | 10 | 7 | 8 |
| TOTAL | 36 | 31 | 20 | 27 |

Note: 24 clients left the day hab programs in FY2024 – but 5 transferred to CBDS.

Analysis: Health/attendance issues: 10; Dissatisfaction with services: 7; Death: 4; Moved out of the area: 4; Did not meet SSV criteria: 2.

V. QUALITY ASSURANCE / PROGRAMS

Sunshine Village began formally assessing each programmatic site on a quarterly basis in January of 2020. In April of 2022, the assessment tool was revised and includes a review of the following areas:

- Human Rights and Positive Behavior Supports
 - Respect, Opportunities, Choice and Control, Human Rights / Advocacy Education 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 most recent Quality Assurance Review was completed in June of 2024. No trends for corrective action were identified upon review by the Director of Day Services.

VI. STRATEGIC PLANNING

The agency underwent a board driven strategic planning process in 2013/2014 and work continued through 2015. In May of 2015, the BOD approved a three-year strategic plan for Fiscal Years 2016, 2017 and 2018. After that plan was implemented with tremendous success, the Board worked to develop another three-year plan – for Fiscal Years 2019, 2020 and 2021, during which time the Global Pandemic (which began in March of 2020) shifted organizational priorities.

A REBUILDING PLAN was developed and implemented for the last quarter of FY2021 and FY2022 and a second REBUILDING PLAN for FY2023 was developed to allow the organization to grow back from the Global Pandemic and address challenges presented by the on-going Workforce Crisis.

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

Organizational goals that were committed to for **Fiscal Years 2024, 2025 and 2026:**

Advance SSV as a “Premier Provider of Choice” by assessing, enhancing and offering innovative services that assist individuals to achieve greater independence.

Ensure the financial stability of SSV with sound governance and strong leadership that strives for excellence while adhering to thoughtful policies, transparent practices, proactive planning and continuous improvement.

Enhance service provision by investing in technology and infrastructure while ensuring that all environments are safe, welcoming and inclusive for all.

Continue to be an “Employer of Choice” investing in our workforce through a competitive and comprehensive total rewards plan and professional development program, while emphasizing wellness and valuing work-life balance.

FY24/25/26 OVERALL PROGRESS

| <i>PROGRESS</i> | <i>NUMBER</i> | <i>FY2024</i> | <i>FY2025</i> | <i>FY2026</i> |
|---|----------------------|----------------------|----------------------|----------------------|
| <i>Strategies with no progress</i> | 20 | 2 | | |
| <i>Strategies partially implemented</i> | 20 | 2 | | |
| <i>Strategies fully implemented</i> | 20 | 16 | | |
| <i>PERFORMANCE MEASURES</i> | <i>GOAL</i> | <i>FY2024</i> | <i>FY2025</i> | <i>FY2026</i> |
| <i>Measures indicating success</i> | 26 | 22 | | |
| <i>Overall success</i> | | 85% | | |

CONCLUSION: SSV achieved the majority of its strategies (80%) – resulting in the achievement of 22 out of 26 identified measures – **a high rate of 85%**. Given this high rate of achievement, Sunshine Village continues to achieve all four of its organizational goals.

The plan was updated for Fiscal Year 2025 – with changes made to strategies and additional measures included to assess performance.