✵ Review of COMPASS Criteria ✵

Compass Compliance Criteria -- Board and Management Commitment

1.	The Board receives comprehensive information related to the maintenance and improvement of quality services and outcomes, resulting in discussion and decision making as needed.	*(See 1.2 in the Compass Annual Report)*
2.	Board meeting minutes reflect annual recommitments by the Board of Directors and Management to Compass.	*(See 1.1 in the Compass Annual Report)*
3.	The Agency, with input from Individuals and/or advocates, has reviewed its mission statement and, if necessary, has revised it based on input received.	*(See 1.4 in the Compass Annual Report)*
4.	The Agency demonstrates the active involvement of people served in agency decision making processes.	*(See Part 2 in the Compass Annual Report)*
5.	The Board and Management actions demonstrate commitment to inclusion of natural supports and community resources in support of agency mission.	*(See 1.5 and section 2 of the Compass Annual Report)*
6.	The composition of Agency Board and Management reflects a commitment to the diversity of the community it serves.	*(See section 1.7 of the Compass Annual Report)*

MANAGEMENT PLAN PART 1

BOARD AND MANAGEMENT COMMITMENT

Board and Management Commitment to Providing Quality Services through Compass

1.1 **Board and Management commitment to Compass** -- RESPONSIBILITY OF: BOARD OF DIRECTORS

- Upon admission to the Compass program, the Agency's Board of Directors initially resolved to incorporate the values of Compass into the Agency's values.
- The Board of Directors annually re-state, and document in minutes of their proceedings, the Agency's commitment to the COMPASS program and to uphold the standards on an ongoing basis,
- The Agency is committed to upholding the values of COMPASS, and helping individuals achieve valued outcomes in the areas of home, relationships, health, productivity and promoting inclusion in the community. These values are reflected in the Agency's Mission Statement.

1.2 **Reporting to the Board re: Compass** -- RESPONSIBILITY: OF EXECUTIVE SECRETARY

- The Agency's Board of Directors meets, approximately 4 times per year.
- Among its other activities, the Board receives updates concerning COMPASS program activities, feedback from individuals served and comprehensive reporting by management and active discussion by Board members of issues relating to quality programming and services.

1.3 **Board Meeting Minutes** -- RESPONSIBILITY OF: BOARD & EXECUTIVE SECRETARY

- Board meeting minutes document discussion on the above issues

1.4 **Review of Mission Statement** -- RESPONSIBILITY OF: ADMINISTRATION

- Individuals served, the Agency's Board of Directors, Management, and staff review the Mission Statement and provide input concerning revisions, periodically, and, as needed.

1.5 **Participants' involvement in decision making** -- RESPONSIBILITY OF: EXECUTIVE DIRECTOR & QA

- The Agency maintains systems to actively involve individuals served in the Agency's decision making processes.

  (Please refer to Section 2 for a comprehensive description of the systems for the participation of individuals served in Agency governance).

1.6 **Commitment to inclusion of Natural Supports**

- The Agency's Board and Management are committed to actively promote individuals' connections with natural supports and the maximum use of community resources.

1.7 **Commitment to the diversity of the community served**

- The composition of the Agency's Board and reflects a commitment to the diversity of the community it serves.

1.8 **Text of current Mission Statement**

- The current text can be found on the Agency's website.

Makor Disability Services/Women's League Community Residences is a professional organization committed to the philosophy that every person, regardless of his or her level of ability, must be treated with the utmost dignity and respect. It is our belief that every person with intellectual and developmental challenges should be afforded the opportunity to maximize his or her functional, social and intellectual potential. This is accomplished through appropriate, individualized, person-centered programming. In addition, each person should be living in an atmosphere of acceptance, warmth, understanding, and security that upholds the rights of each individual and provides developmental opportunities both individually and as a member of the community. It is our belief that personal growth flows first from an improved sense of self-worth, and that all programming must be formulated toward this goal of self-actualization. All of Makor/WLCR's service environments continually encourage service participant choice and expression.

✵ **Review of COMPASS Criteria** ✵

Compass Compliance Criteria -- Management Plan

1. Key, rights and mission-focused agency policies, procedures and activities are being implemented as described in the Management Plan.

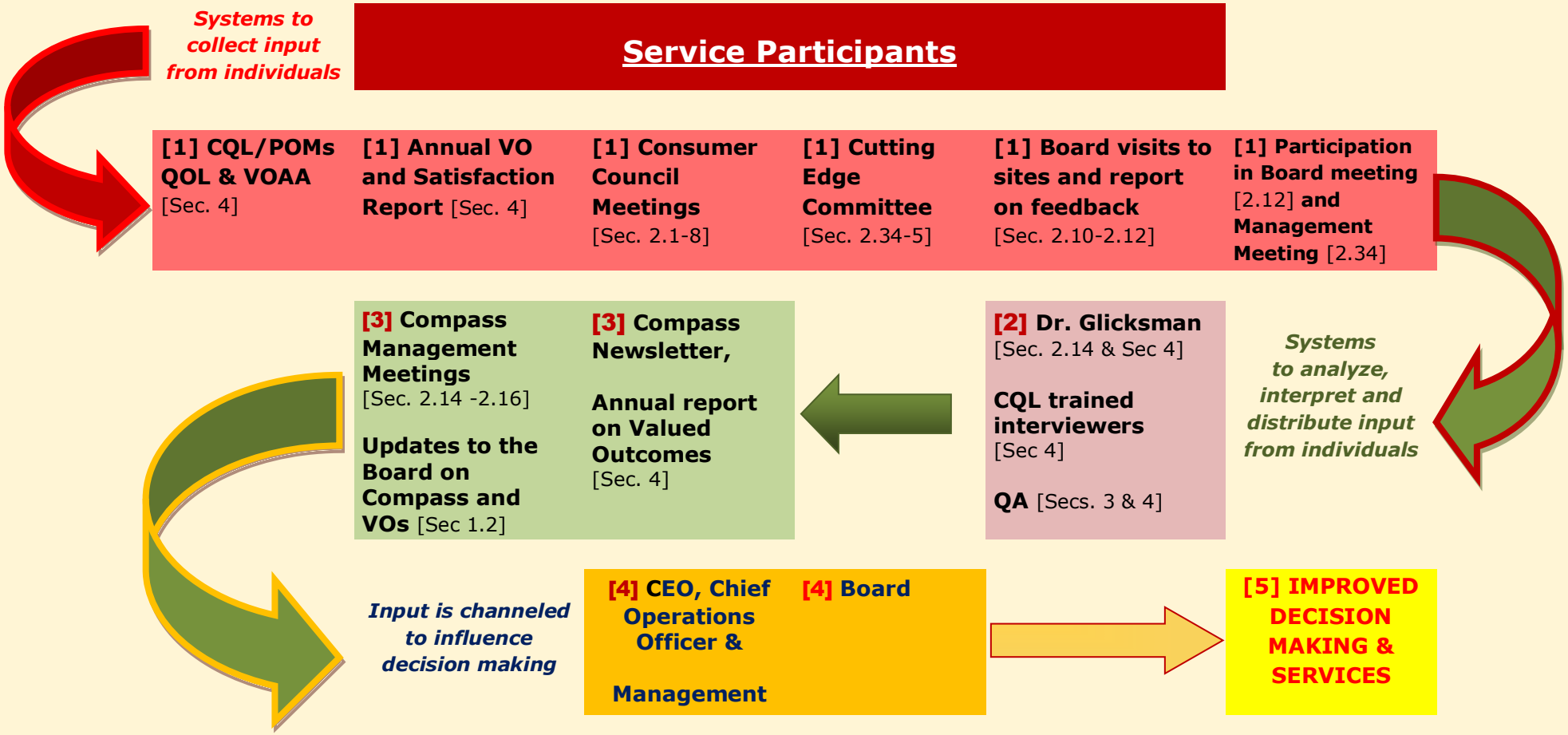
2. The Management Plan must include means of communication with, and inclusion of input from, Individuals, natural supports / advocates as to:
    a. the organization and its goals, and,
    b. assessment of their satisfaction which results in making system changes.

3. The agency effectively communicates with, trains and enables its managers and staff to fulfill the Management Plan and agency Mission.

4. The Management Plan is reviewed and revised:
    a. as agency goals are accomplished;
    b. as agency priorities are reassessed;
    c. per agency policy/procedures, and;
    d. to be consistent with the goals, mission and objectives of OPWDD.

5. The Management Plan reflects agency commitment to natural supports and community resources in support of agency mission.

Systems that Route Participant Input in Order to Improve Services



[1]. Input is collected from Service Participants via the CQL-POMs, QOL, and VOAA. Annual valued outcome data is analyzed and summarized in a report. Individuals participate in Consumer Councils and the Cutting Edge Committee, and are represented at a Board and Management meeting. The Board makes observations receives input via site visits.

[2]. Dr. Glicksman collects input from the Cutting Edge Committee. Trained interviewers administer CQL-POMs and the QOL. QA collects data for the VOAA and input from Consumer Council. All data is relayed to Dr. Glicksman for analysis. Dr. Glicksman writes an annual report on the state of VOs and participant satisfaction in the Agency.

[3] Information on Agency satisfaction & VOs is disseminated via the Compass Newsletter, Management meetings, Dr. Glicksman's written annual report and oral summary reports to Management and Board meetings for discussion. **[4]** This information is channeled to Administrators, Managers and the Board for discussion and consideration.

[5] The objective for the resulting exchange of information is to promote improved services, new initiatives and more informed decision making.

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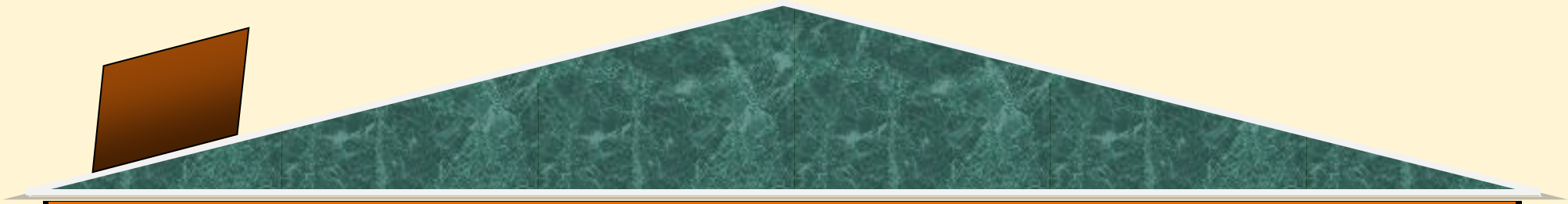
PART 2 - MANAGEMENT PLAN



The Empowerment "House"

This graphic illustrates the agency's systems, based on the Compass Management plan, which works to promote greater input and decision making by service participants in the Agency's operations and services

Management Plan reference	*Overview of Systems Promoting Service Participant Input and Decision Making*
Sections 2.1 – 2.8	Consumer Council Meetings are organized at most IRAs to promote direct individual participation in decision-making in issues affecting the group rather than individual requests and concerns (which can be addressed after the council meeting).
Sections 2.9 and 3 & 4	The agency's self-survey process involves the participation of individuals' input through the use of OPWDD survey tools and methods by QA. In addition, during the interview process that is part of the survey, several measurement systems are used to gather and interpret participant feedback, e.g., the VOAA, CQL/POMs, as well as the QOL
Sections 2.10--2.12	The Board visits residential sites and has direct contact with service participants. A service recipient participates at a Board meeting. The Board receives updates on Compass activities and Quality Improvement achievements.
Sections 2.14--2.16	Management-level Compass meetings are a forum to disseminate participant input, share best practices, and an opportunity for participant representatives to address Management.
Sections 2.17–2.29	Training systemically at all levels of the Agency, the Board, Management, DSP staff, individuals and Families / Advocates is seen as a key to promote service participant empowerment.
Sections 2.40--2.41	The "Cutting Edge Committee" is a regularly scheduled gathering of individuals and staff which meets to discuss ideas for improved services and to give input to the Board and to Management. This is supplemented by the work of other committees which are tasked to plan and organize events and entertainment, for which, individuals' preferences and input are sought.
Sections 4 and 5	Agency goals and news are shared with persons and their families via Makor Care and Services newsletters; by the Agency's website and its social media platforms; at the CEC meetings; and visits of persons-supported to the Board of Directors.
Section 5	The agency's Management plan provides Quality Improvement initiatives, in part, based on positive participant response and requests

COMPASS MANAGEMENT PLAN – PART 2

Participant Input Regarding Services

2.1 **A System for Participant Feedback and Training** -- RESPONSIBILITY OF: MANAGERS, CCM FACILITATORS

- Consumer Council Meetings are organized in each IRA and meet, quarterly. *(Changed as of March 2021. Previously CCM meetings were expected about nine times per year).* The main function of this system is to promote individual participation in decision-making.
- The standing agenda of each council is to generate ideas, suggestions and recommendations for the addition, deletion or modification of services, as well as, to make decisions on important issues. In addition, the CCM meeting is an opportunity for service participants to receive training (in the form of discussion and counseling) concerning needs, issues, concerns and skills relevant to the issues at hand.
- Residence managers are responsible to facilitate individuals' participation (see 2.4), document their feedback and training, or assign a capable individual to do so.
- However, this format is not required where a formal meeting setting would be burdensome or stressful for service participants. In such cases, the direct, routine communication between the individuals, DSP staff, managers, etc., are the primary means of eliciting feedback.

2.2 **Which Programs have Consumer Councils? --** RESPONSIBILITY OF: QA & MANAGERS

- There are Consumer Councils at the Agency's IRAs: Crown Heights (554), Seagate (4022), 1380 downstairs, 1380 upstairs, 1386, 798, 820, Foster Avenue, 654 downstairs, 654 upstairs, 622, 674 downstairs, 674 upstairs, 511, 477, Dahill Road downstairs, Dahill Road upstairs, 1556, 1850 East 23rd, 1730 East 27th, 461 3rd floor, Quentin Rd., and E. 60th Pl.
- The exception described above, at the end of paragraph 2.1, applies specifically to the IRAs located at 461 2nd floor, 4217, as well as the service recipients who live at home (e.g., who receive, Community Habilitation, Group Day Hab, or CBR [SEMP]). The means to elicit feedback in these settings is to conduct satisfaction surveys (CQL/QOL) with a sample of these participants. (See Section 4).

2.3 **How Consumer Councils Operate – Facilitation** -- RESPONSIBILITY OF: MANAGEMENT

- Consumer Council Meetings are hosted by a facilitator whose role is to facilitate individual "Participation."
- The residence manager or another designated person serves as facilitator. If requested, a service participant can run the meeting(s).

2.4 **How Consumer Councils Operate – Participation & Feedback** -- RESPONSIBILITY OF: MANAGEMENT

- "Participation" means that, with or without assistance, service participants will by any means, express their preferences about any subject. In general, CCM facilitators will try to focus on group choice making relating to questions affecting the general operating of the residence, rather than individuals' personal requests. If possible, CCM facilitators and/or managers will attempt to meet or respond to service participants' individual requests or comments after CCM.
- Service participants who are unable to communicate will be assigned DSP staff who will advocate on their behalf at the Consumer Council meetings (based on their knowledge of the individual).
- As much as possible, DSP staff, management, and the Agency will use this information to modify and enhance services to the service participants.

2.5 **How Consumer Councils Operate – Response to Feedback** -- RESPONSIBILITY OF: MANAGEMENT

- Notwithstanding the fact that CCMs will try to focus on group rather than individual issues and concerns, all individual requests and suggestions will be shown deference. Those suggestions or requests that can be reasonably met will be given consideration, while those that are not as simple to address will still be given thoughtful and creative consideration.
- When the nature of a request indicates a need for individual training and information, the facilitator will provide it at the meeting or soon afterward.
- Any issue discussed with individuals that is deemed appropriate for clinical consultation will be discussed with the Agency's Clinical Director at the facilitators' or managers' discretion.

2.6 **How Consumer Councils Operate – Documentation** -- RESPONSIBILITY OF: MANAGERS & QA

- CCMs have written minutes. The minutes summarize the service participants' input regarding the question put to them concerning a choice about their services and the consensus they came to and how it will be addressed.
- In addition, the facilitator may document in the meeting minutes any training provided to service participants during the meeting, but this is not mandatory.
- A form, specifically designed for this purpose, is distributed for use by QA. The form is revised on an as needed basis, based on input by its users.

2.7 **Participant Input is Not Limited to Council Meetings** -- RESPONSIBILITY OF: MANAGERS

- Service participants have regular access to their site Residence Managers, DSP staff and Care Managers to state their needs and preferences, or to voice grievances, and do not have to wait until formal meetings to do so.

2.8 **Collecting and Disseminating Input from Consumer Councils** -- RESPONSIBILITY OF: QA & STEPHEN GLICKSMAN

- CCM minutes are collected by QA and are reviewed and summarized by Dr. Stephen Glicksman.
- The feedback is highlighted at Managers' meetings and Board meetings by Dr. Glicksman.
- A monthly newsletter, "Compass Directions" is produced by Dr. Glicksman, which serves as one of several different means of distributing feedback. The newsletter is distributed to the attendees at the monthly Compass Managers Meetings, as well as to Managers, supervisors and Administrators.

Participant Input and Quality Assurance

2.9 **Inclusion of Individuals' Input in the Self Survey Process** -- RESPONSIBILITY OF: QA

- Service participants will participate in the QA survey of his/her residential site. It is the responsibility of QA staff to implement this, in a manner consistent with the OPWDD audit tools which are utilized for QA audits (See Sections 3 and 4).

Participant Input and the Board of Directors

2.10 **Purpose of Board Site Visits** -- RESPONSIBILITY OF: BOARD & QA

- Members of the Board of Directors visit various residential sites, about 4 times a year to provide service participants with direct access to the Board.
- During these visits, Board members observe the site, the service participants and DSP staff and record their observations. In addition, Board members interview service participants and elicit feedback on a variety of issues concerning satisfaction with services.
- This information is shared with QA.
- Recommendations by Board members and feedback by service participants are acted upon by administration and management.
- QA monitors this process and reports on implementation of any recommendations.

2.11 **Record of Board's Observations & Feedback** -- RESPONSIBILITY OF: BOARD & QA

- Information recorded by the Board member during a site visit includes: the DSP staff-to-service participant ratio, service participants' appearance, condition of physical plant, service participants' activities, summary of the Board members' discussion with service participants; satisfaction on a series of issues, e.g., living arrangements, day program or work placement, roommates, recreational activities, ease of access and use of personal funds; what changes would service participants most like to see happen in reference to the above; do service participants feel respected by DSP staff; do service participants feel that their opinions are valued; what type of complaints are voiced by service participants and how were they addressed by DSP staff; overall impression and additional comments, if any.
- This information is formatted on a form provided by the administrative office to the Board.

2.12 **How Participants Influence the Board's Decisions** -- RESPONSIBILITY OF: BOARD, DR. GLICKSMAN & CHIEF EXECUTIVE OFFICER

- The Agency's Board of Directors places the highest value on providing quality care and treatment to those served by the Agency, and, naturally, considers how their decisions may affect service participants. At the same time, the Agency also values service participant input and seeks opportunities to empower participants to be involved in a meaningful way in the Board's decision-making process. These objectives are accomplished by virtue of the Board's direct contacts with service participants at site visits and information routinely reported about COMPASS activities, i.e., feedback from Consumer Councils, the Cutting Edge Committee, reports on Valued Outcome Achievement and CQL/Satisfaction assessment results, as well as attendance of a representative of the CEC (when available) at Board meetings.

Participant Input and Management

2.13 **Systems to Support Participant Input to Management** -- RESPONSIBILITY OF: MANAGEMENT AND DR. GLICKSMAN

- Service participants are being empowered to be more actively involved in Management's decision-making process via Consumer Council Meetings and the Cutting Edge Committee.

2.14 **How Participants Influence the Management's Decisions** -- RESPONSIBILITY OF: ADMINISTRATION, MANAGEMENT AND QA

- To facilitate dissemination of participant input throughout the management level of the Agency, administrators, managers and representatives of the various residential sites and programs meet, approximately, nine times per year, to review and exchange notable examples of participant input, Consumerism, examples of 'Best Practices', as well as to discuss other issues concerning management.
- In addition, the meeting is an opportunity (subject to availability) for a participant who is a member of the Cutting Edge Committee to present feedback directly, as well as to participate in decision making, as appropriate.

2.15 **Preparing for the Management Meeting** -- RESPONSIBILITY OF: ADMINISTRATION, DR. GLICKSMAN & QA

- QA works on collecting issues for the Management meeting agendas. The agenda of the meetings include one or more of the following: highlights of the more notable activities of the CCMs, a review of best practices (I.e., strategies to promote implementation of consumer choice, individualized services, independence, and productivity); presentations of service participants' requests that presented challenging issues or which resulted in an innovative solution, review of the COMPASS Management plan, Mission Statement, quality improvement goal issues and progress, QA issues, and training presentations.
- Minutes of the meeting are taken and distributed to management.

2.16 **Disseminating Information from Management Meetings** – RESPONSIBILITY OF: ADMINISTRATION, MANAGEMENT & DR. GLICKSMAN

- Information discussed at management meetings is summarized and reviewed at Board meetings for their consideration when making decisions.
- In addition, information from Management meetings is transmitted to DSP staff, as appropriate.

Empowerment through Learning

2.17 **Coordination of Training** -- RESPONSIBILITY OF: TRAINING DIRECTOR & QA

- One of the objectives of the Management Plan is to promote service participant empowerment through enhanced training. To facilitate this objective, the Training Director and QA are responsible for monitoring the progress of training activities across the Agency for DSP staff, management and Board members.

2.18 **Role of QA in Monitoring Training** -- RESPONSIBILITY OF: QA

- Through the QA survey process, QA staff monitor staff training in topics required by regulation, i.e., the topics mandated by 633.8, OSHA, HIPAA privacy rules, Corporate Compliance, compliance with ADM 2014-3 and other applicable regulations or Agency policies.
- QA staff also monitor DSP staff training in the concepts of consumerism, empowerment and choice, and the values of COMPASS, through DSP staff interviews during the survey process and by review of the COMPASS Management Plan, annually (see below 2.25).

2.19 **Enhancement Training for DSP Staff** -- RESPONSIBILITY OF: TRAINING DIRECTOR

- The Training Director monitors to ensure that new DSP staff participate in the Agency's enhancement training curriculum.
- The Training Director monitors the progress of this training Agency-wide, identifies where the need for this training exists, and summarizes the progress of this training.
- Incentives are provided for DSP staff attendance and active participation.
- The Training Director works with management to ensure that as many new DSP staff as possible take advantage of these training opportunities.

2.20 **DSP Staff Enhancement Training Curriculum** -- RESPONSIBILITY OF: CHIEF EXECUTIVE OFFICER, CHIEF OPERATIONS OFFICER, & TRAINING DIRECTOR

- The Chief Executive Officer, Chief Operations Officer, and Training Director collaborate to develop and modify the Compass training curriculum for new DSP staff and supervisors. The training sessions consist of a multi part series of lectures which promote concepts important to COMPASS. The topics illustrate the concepts of consumerism, empowerment and choice and the values of COMPASS. [Note that this will be revised in 2022]

2.21 **Reviewing Results of Annual Enhancement Training** -- RESPONSIBILITY OF: TRAINING DIRECTOR

- The Training Director reports routinely to individual managers, the Chief Operations Officer and the Chief Executive Officer regarding the numbers of DSP staff who have completed Compass training. [Note that this will be revised in 2022]

2.22 **Special Training Presentations for Administrators & Management** – RESPONSIBILITY OF: CEO, CHIEF OPERATIONS OFFICER, TRAINING DIRECTOR OR QA

- At the discretion of the Chief Executive Officer, Chief Operations Officer, Training Director or QA, special speakers or special training presentations can be arranged for DSP staff or management.

2.23 **Board Training in the Values of Compass** -- RESPONSIBILITY OF: CHIEF EXECUTIVE OFFICER & DR. GLICKSMAN

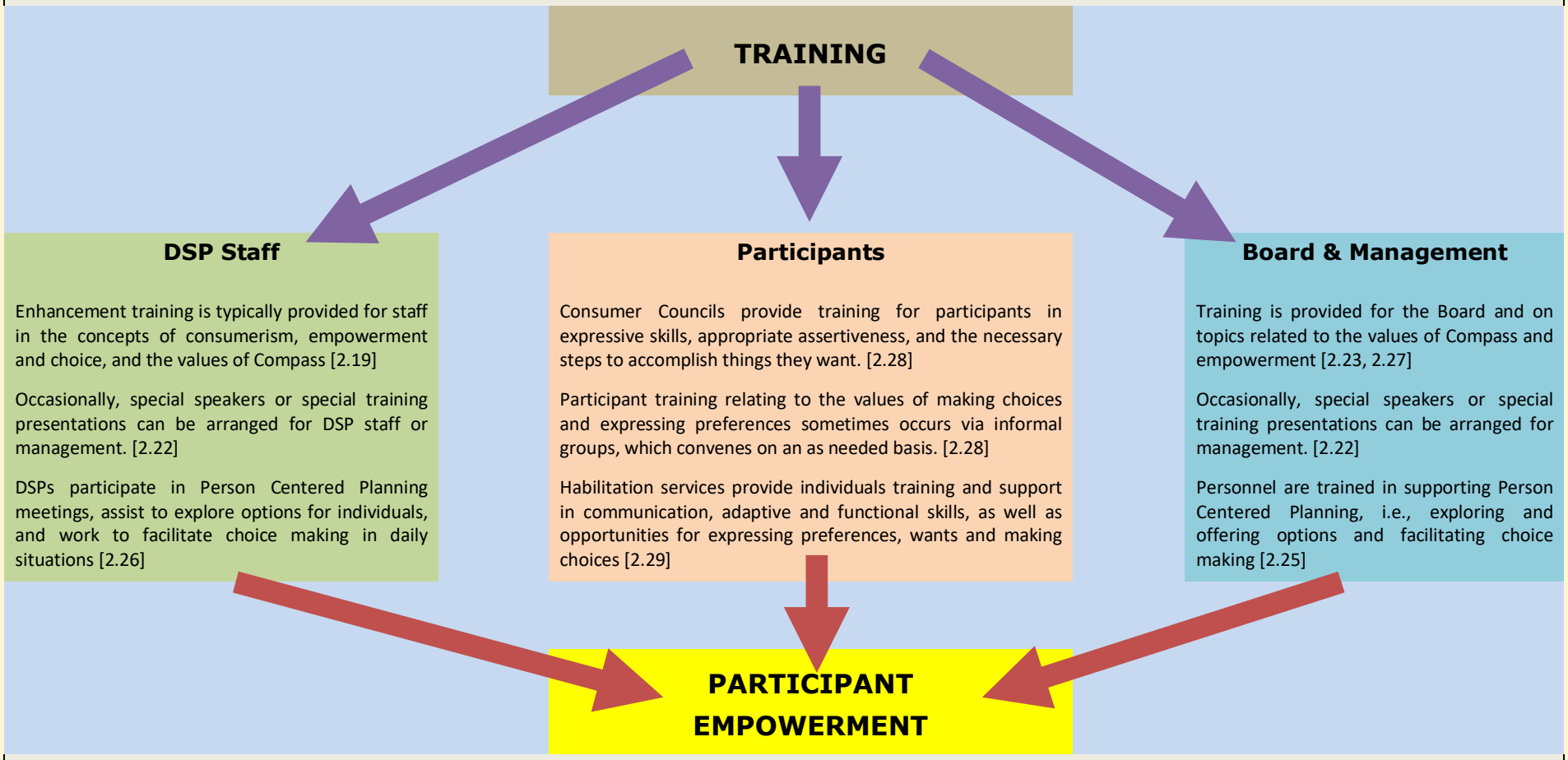
- The Chief Executive Officer and Dr. Glicksman monitor to ensure that there is training for Board Members in topics relating to consumerism, empowerment and choice and the values of COMPASS.

2.24 **Review of Training as Part of Management Plan Review** – RESPONSIBILITY OF: QA

- The yearly review of the COMPASS Management Plan will include a review of its COMPASS training component (as part of the annual review of the Management Plan)

Promoting Empowerment Through Training for Staff, Management and the Board

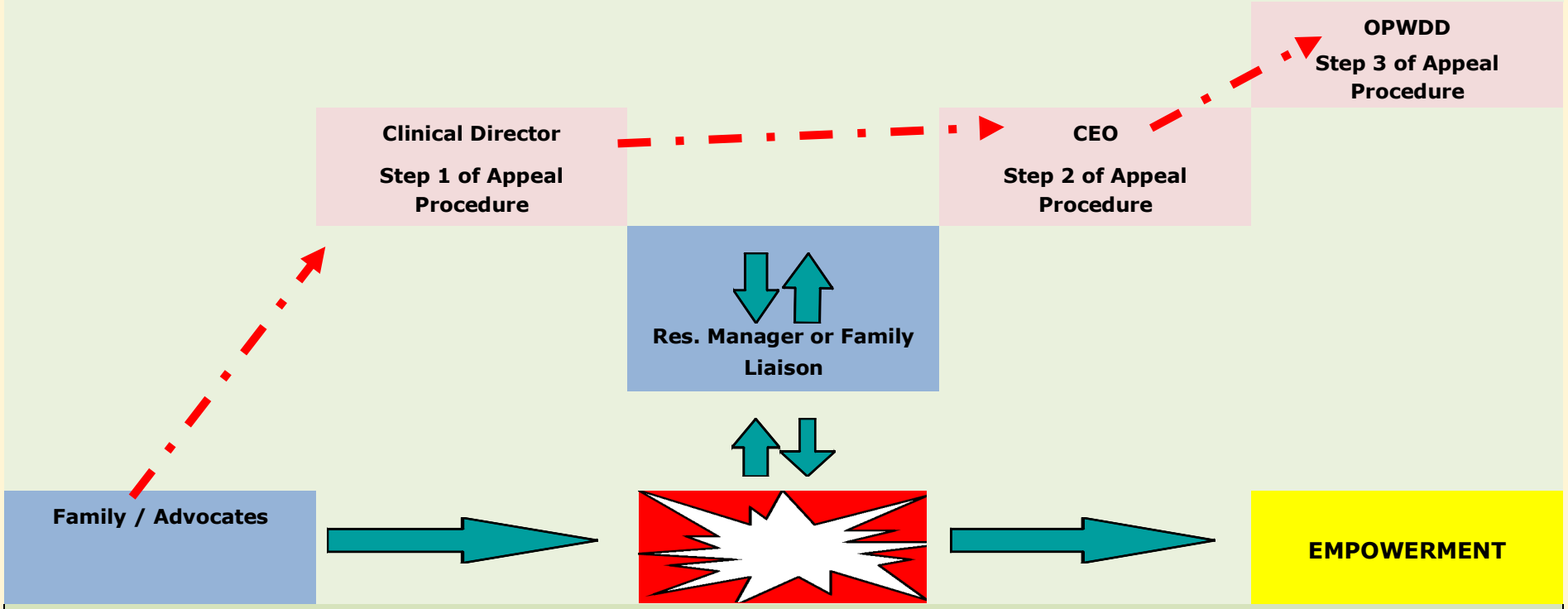
(Management Plan, Section 2.19 through 2.29)



This graphic illustrates the concept reflected in this management plan that, training for the agency's Board, Management and staff will ultimately lead to greater participant empowerment, as explained in Section 2.

Two Paths for Family & Advocates Leading to Greater Empowerment

(Management Plan, Section 2.25)



LEGEND

= The left to right trajectory represents the system by which Families/Advocates receive information or give feedback via their routine contacts with their Family Liaison and Agency Management. The detail symbolizes the resulting synthesis of new ideas and choices made resulting from this contact, leading to greater "Empowerment" for Families and Advocates.

The upwards trajectory represents the Agency's Grievance Procedure and Objection/Appeal Process, which Families/Advocates have access to, with the assistance of the Agency if needed. The ability to express grievances and to request impartial reviews of Agency decisions regarding their services is an exercise of another form of "Empowerment" (i.e., legally mandated), for which, Agency personnel, and the Care Manager would educate and assist, as needed.

"Empowerment" Training

2.25 **Empowering Participants' Families & Advocates** -- RESPONSIBILITY OF MANAGEMENT, CLINICAL DIRECTOR AND ADMINISTRATION

- One of the principle means for empowering participants' families and advocates is accomplished via routine contacts with management, supervisors and clinicians. Agency personnel are trained that interactions with families are opportunities for exchanges of information concerning their rights and options. If a disagreement arises, Managers are required by policy to consult with the Clinical Director for guidance. After consultation, management or designated personnel will provide information and options as instructed by the Clinical Director. Should an issue rise to the level of an objection or appeal, the appropriate procedure will go into effect; i.e., the family member or advocate will be advised of their right to contact the Clinical Director directly.

2.26 **Empowering Individuals via Training of DSP Staff** -- RESPONSIBILITY OF: TRAINING DIRECTOR

- Training on "Consumerism" or ways in which to empower individuals is a permanent part of the Compass training curriculum for DSP staff.

2.27 **Board Training on Participant Empowerment** -- RESPONSIBILITY OF: CHIEF EXECUTIVE OFFICER, TRAINING DIRECTOR & QA

- Training for Board members on topics related to the values of empowerment and choice making are periodic, typically arranged by the Chief Executive Officer. Training for management on topics related to the values of empowerment and choice making typically take place at Management Meetings. These processes are monitored by QA and reported on as part of the Management Plan review.

2.28 **Empowerment Training for Participants - Group** -- RESPONSIBILITY OF: CCM FACILITATOR

- Service participant training relating to the values of making choices and expressing preferences sometimes occurs in formal or informal groups. The group could be a regular Consumer Council Meeting or an informal group which convenes on an as needed basis. The issues addressed are typically specific to the residential site. Training occurs when a service participant expresses a point of view, makes a request which needs further exploration or clarification, or expresses him/her self inappropriately or ambiguously. The facilitator or staff member will provide the appropriate training to the individual, e.g., explore or clarify the request, train the person in more appropriate modes of expression, as needed. The facilitator or staff member elicits the feedback of other individuals and presents options for the group to consider. When this training occurs in the context of a Consumer Council meeting, it is documented in the minutes.

2.29 **Empowerment Training for Participants – Individual** -- RESPONSIBILITY OF: MANAGERS & QA

- Training for service participants in making choices and expressing preferences occurs in everyday settings at each program site by habilitation staff and management. This type of training occurs as part of the individuals' routine counseling and formal habilitative training objectives. Training of service participants in making choices and expressing preferences also takes place during the Person-Centered Planning Process, which is facilitated by the Care Manager and SAP development team.

Participant Input and the Management Plan

2.30 **Sources of Input Relevant to the Management Plan**

Based on experience, the following systems have been the most likely to contribute to revisions of the Management Plan and the development of new initiatives.

- Direct feedback from individuals to Management about which activities were enjoyable or not enjoyable.
- Experimentation by Managers with new ideas and the process of trial and error to determine if individuals enjoy the new activity.
- Direct feedback from individuals derived via Consumer Council meetings and the Cutting Edge Committee.
- Recommendations by Agency administrators or OPWDD.
- Feedback derived from Valued Outcome Achievement and CQL/POM, or Quality of Life assessments, as well as the summarization and interpretation of data derived from these assessments.

Process:

- QA solicits recommendations for new activities or initiatives.
- Agency administrators and /or Managers suggest new activities.
- The CEC proposes new activities and Dr. Glicksman communicates these ideas to administrators, Management and QA.
- Proposed new activities and new initiatives run through a feasibility assessment and trial period before being incorporated into the Management Plan.
- The Management plan is finally modified, based on service participants' positive response, as well as, management's consensus that the new initiative is feasible.
- Once an initiative has been approved, QA writes the new information into the Management Plan.

QA's Role in the Implementation of the Management Plan

2.31 Management Plan Implementation

- QA is responsible for facilitating and monitoring the Agency's implementation of the COMPASS management plan.

2.32 Compass Management Meetings

- QA schedules and develops agendas for Compass management meetings; takes and distributes minutes of management meetings; monitors the implementation of the Management Plan; collects feedback and training documentation from Consumer Council Meetings; reviews and discusses feedback on QA activities, training activities, as well as progress, issues, or challenges in the implementation of the COMPASS management plan.

2.33 Miscellaneous QA Tasks Related to the Management Plan…

A. Reporting to the Board (on an as needed basis)
B. Formulating, proposing and incorporating new goals for agency quality improvement into the COMPASS Management Plan.
C. Monitoring and assessing progress concerning implementation of the COMPASS Management Plan (annually)
D. Reviewing the COMPASS Management Plan, at least yearly and more often, as necessary
E. Amending the COMPASS Management Plan.
F. Preparing the required, annual summary report on COMPASS activities for OPWDD.

'Cutting Edge' Committee

2.34 **Committee Background and Function** -- RESPONSIBILITY: DR. GLICKSMAN

- The Cutting Edge Committee began as a group of DSP staff and a service participant who were tasked with the responsibility to come up of new ideas for quality improvement. The current committee consists of service participants and DSP staff and is facilitated by Dr. Glicksman. The committee's mandate is to discuss different ways to better the lives of everyone at the Agency. Issues discussed cover all areas of service, as well as community living, e.g., promoting improved Agency compliance with NYC recycling rules, lobbying the local city council for neighborhood park improvements, promoting voter registration, publicizing the Agency's name change, planning more recreational activities and social events, developing an informational brochure for DSP staff, reviewing the Agency's mission statement (to name a few ideas that have been discussed previously). Service participants are empowered by opportunities to speak out and express opinions about things they liked and did not like in their respective residences. The committee can nominate individuals to represent the committee at the upcoming management meeting to give direct input to management.

2.35 **Accommodation for Attendees** -- RESPONSIBILITY: DR. GLICKSMAN

- The group meets as per a meeting schedule which they develop. The meeting times are scheduled after participants' work / day program hours. The meeting location is wheelchair accessible. Staffing arrangements are made for individuals who want to attend the meeting, if escort is needed. Food is ordered out so the individuals can have dinner during the meeting.

✵ **Review of COMPASS Criteria** ✵

Compass Compliance Criteria -- Regulatory Self-Survey

There Exists a Regulatory Self-Survey Process

1. The Compass agency uses redesigned survey protocols consistent with those used by the Office for People with Developmental Disabilities (OPWDD). [see 3.5]
2. Both program support staff and agency Quality Improvement staff have responsibilities to the self-survey process. [See 3.8]
3. Agency self-survey includes a quality of life assessment and/or satisfaction assessment and a review of individuals' progress with personal outcomes and supports. [See 3.7]
4. Plans of correction are validated and verified through the self-survey process. [See 3.9]
5. The results from self-surveys are analyzed and inform the agency Quality Improvement process. [See 3.12, 3.14]
6. Self-survey results are reported to the Board of Directors and management team at regular intervals throughout the survey year. [See 3.10, 3.14]

MANAGEMENT PLAN PART 3

REGULATORY SELF SURVEY

QA and the Self Survey Process

3.1 **The "non-survey-related" work that QA does**.

- The QA Department's primary role is to conduct routine audits of its own programs to assure Agency compliance with all applicable regulations. In addition to conducting internal reviews, the QA Department has other Agency responsibilities, i.e., technical assistance; training for Residence Managers and staff on an as needed basis; technical assistance for the Agency's ICFs, at least, annually, and, more often, on an as needed basis; ICF POCA follow up, annual non-visit Independent Utilization Reviews for the Agency's ICF residents; incident investigations for abuse/ neglect allegations or significant incidents (including compliance with the Access to Records Law); oversight and follow up of incident Corrective Action Plans, functioning as the HIPAA Privacy Officer, monitoring Agency compliance with HIPAA and CBC regulations; PA and Petty Cash reviews; Corporate Compliance training and providing administrative oversight and monitoring of fire drills.

3.2 **Reviewing compliance with the Compass Management Plan**.

- In addition to routine audits QA reviews Agency compliance with the COMPASS management plan, which is done as part of the preparation of the annual Compass report.

3.3 **Billing documentation reviews.**

- There are QA reviews of "billing" documentation for Waiver services provided (and Care Management during the transition period). Inventory results are summarized and reported to Agency administrators, the appropriate program supervisors and service coordinators. Erroneous billings are identified and reversed.

3.4 **Sampling methodology**.

- For IRA surveys, the sampling methodology will follow OPWDD's 2016 Site Review Protocol guideline, as well as, any additional instructions given by DQI.
- At the discretion of QA, additional areas of compliance and/or individuals' files can be reviewed.
- For surveys of other program types, the sampling methodology will follow the guide for the specific OPWDD protocol being used.
- QA staff continue to follow the sampling guidelines for the OPWDD Site Review Protocol.
- In addition, QA can opt to add files to the sample (e.g., a new admission or someone who has not been reviewed recently).
- In addition, during IRA surveys, the agency's QA surveyors opt to check compliance "across-the-board" (i.e., 100% of individuals) in a particular regulatory area (e.g., personal allowance, waiver billing documentation, life safety, incidents, and 633.16).

3.5 **Survey tools.**

- QA staff utilize OPWDD's review protocols when conducting surveys.

3.6 **Assessing quality.**

- In general, QA staff assess the quality of services provided to participants on the basis of regulatory compliance, staff competence, and the provision of needed and chosen supports.

3.7 **Individuals' input at QA self-surveys.**

- QA solicits individuals' input during self-surveys in addition to more formal assessments of individuals' valued outcome achievement (as described in Section 4). This is accomplished when QA implements the use of OPWDD's survey protocols which have procedures to interview individuals and families.

3.8 **Documentation and distribution of survey findings.**

- After the review portion of each survey is completed, QA staff prepare written reports of findings which acknowledge achievement, cite deficiencies, make recommendations for improvement, and set a time frame for completion of the needed corrections. Corrective actions and time frames are discussed and mutually agreed upon.
- The written survey findings are reviewed with the relevant program management team: i.e., Manager, Nurse, etc. Survey reports are distributed to individuals having supervisory responsibility for the issues noted. The team members have the opportunity to respond to any of the issues raised and to offer evidence of compliance, in case any such documentation was overlooked by the QA staff. Any questions and/or additional evidence are reviewed by QA and a determination is made whether the related survey findings are still valid.
- Data from surveys is provided to DQI in the manner and format directed by DQI.

3.9 **Tracking the correction of deficiencies.**

- QA presents their survey findings in a report format which serves as a working copy for QA to follow-up and track correction and as a status report for administrators.
- QA staff will follow up on the time limit for corrections, as set for each issue.
- Areas that have been cited previously are re-examined during the next survey cycle.
- Progress of corrective actions resulting from survey findings is provided to DQI in the manner and format directed by DQI.

3.10 **Reporting of findings.**

- QA provides the Chief Executive Officer and Chief Operations Officer with periodic reports on the progress of citation corrections.

3.11 **Procedure when there is "Imminent danger"**

- In regard to "Imminent danger" findings, when any are detected, they will always be addressed and corrected, immediately, as required.

3.12 **Availability of technical assistance.**

- If deficiencies are not corrected within the agreed upon time frame called for in the POCA, administrative oversight, technical assistance and training will be provided by QA staff to assist the site to come into compliance. If it is apparent to the QA Director that such intervention is needed sooner than what was originally agreed upon in the POCA, the assistance will begin immediately. The QA Director will make this determination at his discretion and will notify the Chief Operations Officer if there will be long time delay before a regulatory area is compliant.

3.13 **Procedure for keeping records of QA surveys.**

- Records of survey results, citations and verification of corrections are maintained by the QA Department for the current work cycle.

3.14 **Trend analysis and dissemination to management.**

- QA shares information concerning QA activities and citation trends with management at Management meetings and with the Board, upon invitation.

3.15 **Ability to maintain substantial compliance.**

- The Agency, through its self-survey process, demonstrates the ability to evaluate program practices, identify and correct deficiencies, and thereby maintain substantial compliance with regulations.

3.16 **Survey policy/procedure.**

The following policy was adopted to help facilitate the self-survey process:

a) QA staff will develop and maintain a work calendar, which will include each residence and program participating in the COMPASS QA self-survey program.

b) QA surveys are scheduled by mutual agreement. The site's QA survey will be scheduled for a date-range (e.g., for a particular week or month). However, QA staff are not bound by that period and can survey a site at any time.

c) If there is a legitimate and pressing need to reschedule the survey, the residence manager must obtain the approval of the QA Director.

d) In addition to surveys, the QA survey calendar can incorporate scheduled visits devoted exclusively to technical assistance, if requested. However, QA staff will not provide intensive technical assistance closer than 30 days before the anticipated site survey date.

e) Each site / program manager must ensure that there are systems in place to ensure that his or her site / program maintains compliance with regulations.

f) Each site / program manager is responsible to advise the Chief Executive Officer, Chief Operations Officer or QA if there is any major component of regulatory compliance that is not being, or is unable to be addressed.

g) If a site or program is unable to comply with the above guidelines, the agency Chief Executive Officer or Chief Operations Officer will be notified.

✵ Review of COMPASS Criteria ✵

Compass Compliance Criteria -- Valued Outcomes

1. There is evidence of Agency level promotion of outcomes of persons supported.

2. The Agency employs mechanisms which effectively promote a culture of self- advocacy and empowerment of Individuals.

3. There is ongoing promotion and measurement of achievement of valued outcomes. At a minimum, these are: Home, Relationships, Health, and Productivity.

   Home: Individuals are given the opportunity to possess a key to their home. Individuals like where they live. Individuals are given the opportunity to choose the meals they wish to eat. Individuals purchase items they choose

   Relationships: Individuals are given opportunities to establish and build friendships. Individuals engage in experiences and activities with those who are not disabled (Inclusion). Individuals choose activities.

   Health: Individuals are provided with health care services of their choice. Quality health care services in the community are provided

   Productivity: Individuals are afforded opportunities to: engage in activities that they like; learn practical skills; earn a fair wage; learn good work habits

4. There is evidence of facilitation of natural supports and/or community resources to support achievement of VO's.

5. The Agency demonstrates commitment to quality person-centered planning and plans that support achievement of VO's.

MANAGEMENT PLAN PART 4

MEASUREMENT OF PARTICIPANT SATISFACTION AND VALUED OUTCOME ACHIEVEMENT

Overview

4.1 Overview of Process

A. Different systems are used to assess participant satisfaction and achievement of valued outcomes. Participant Satisfaction is measured through the use of the CQL / POMs system with modifications, under the guidance of Dr. Stephen Glicksman. Achievement of individual outcomes is measured through the Valued Outcome Achievement Assessment, which is a process developed by the Agency and Dr. Glicksman.

B. Dr. Glicksman writes an annual report, which summarizes the findings of both assessments, draws conclusions and makes recommendations. Dr. Glicksman reviews these findings with Administrators and Management at Compass Management Meetings, to Board members when reporting to the Board about Compass activities, and to individuals during Cutting Edge Committee meetings.

C. The information in these reports can be used by administrators and management in formulating new initiatives, modifying services and when reviewing and updating the agency's Management Plan.

D. When indicated, QA and CQL interviewers will recommend that valued outcomes be modified. In addition, the assessments can result in identifying general trends in what types of service modifications or activities individuals are interested in.

4.2 Identifying Valued Outcomes and Measuring Satisfaction (CQL/QOL)

A. The CQL / POM system is currently being used by the Agency to identify individual outcomes. The Agency employs CQL trained interviewers to administer the CQL in IRAs and with participants living in the community.

B. Under the guidance of Dr. Glicksman, the CQL interview was expanded to record additional information which can be used to derive metrics on satisfaction. The additional information is used to complete scoring forms for the Quality of Life tool, in addition to the CQL.

C. Specifically, for each CQL topic area, the interviewer asks additional questions and adds a number from 1-5 to rate the level of importance of the subject to the person, and a number from 1-5, to rate the level of the person's satisfaction with the subject of the question. This data is then used to score the corresponding topic areas on a separate scoring sheet for the Quality of Life instrument.

D. Formerly, to measure satisfaction, the Agency used the Quality of Life model, developed at the Centre for Health Promotion, University of Toronto. The Agency purchased this system and it was used until 2016, when the Agency switched over to the CQL/POM. In 2017, the Agency resumed using the QOL in combination with the CQL.

E. The CQL interviewers schedule annual follow up interviews with previous participants. Completed interview forms are submitted to Dr. Glicksman for processing. From this data, Dr. Glicksman writes an annual report discussing participant satisfaction, agency-wide. The current results are also compared with previous results. It is anticipated that there will be a sufficient sample of responses in order to produce a year-end report.

4.3 Assessment of Valued Outcome Achievement (VOAA)

A. In order to measure valued outcomes achievement, the Agency and Dr. Glicksman developed a system to verify if written goals are relevant and related to personal outcomes for individuals. It also provides data on how well people are supported in achieving their personal outcomes. Individuals and families are interviewed and the data gathered from individuals is compared with data gathered from family/advocates.

B. The objective of the VOAA process is to examine the types of valued outcomes being expressed and whether those Valued Outcomes were shared by all stakeholders (e.g., family, staff and service participant). This information is then used to assess if the Agency is sufficiently "person centered" (i.e., whether the service participant's valued outcomes also valued by others). This information is distributed within the Agency and is a starting point for discussion on what direction the Agency is taking and how to improve services.

C. The Valued Outcome Achievement Assessment is conducted by QA staff for a sample of individuals during QA surveys at IRAs. The size of the sample for the purposes of the VOAA is not meant to be statistically valid. Ideally, the sample should be representative of the site's population. Minimally, QA staff complete one VOAA interview per IRA, preferably, for the same file being reviewed. However, QA will attempt to obtain larger sample sizes to allow for a more adequate comparison of responses from year to year, in spite of the time constraints involved in completing a survey. If necessary, QA staff can conduct the VOAA before or after the site survey, so that the demands of the survey do not detract time from completing an adequate number of VOAA assessments.

D. A specially designed form is used to collect data on the valued outcomes of the selected individual. The form is used to guide the assessment. QA staff follow the instructions on the form and fill in the required information. Information is derived mostly from interview with the service participant, whenever possible as well as a family member/advocate. If necessary, information is obtained from staff, and, as a last resort, information is taken from ISPs or Life Plans. This gathering and recording of information is the first step of the assessment.

E. The next step is to validate the information gathered. The purpose of this step is to gain a better understanding of any issues raised by an individual and/or his/her advocate during a discussion about their valued outcomes. The necessity for validation is as follows. In many cases, after the first

assessment step is completed, it becomes apparent that background information is needed to clarify the issues raised. This is accomplished by the QA person who conducted the assessment reviewing the information with the Residence Manager or a staff member, referred by the Manager.

F. During the verification of information, suggestions are raised on how to address a valued outcome or solve a problem. Very often, the Manager or staff are able to report that the suggestion had already been tried; or, there was a valid reason why the suggestion was not practical or appropriate. This additional information is helpful in understanding the depth of any issues raised.

G. However, QA staff may, in fact, find that a recommendation or corrective action is appropriate and the Manager agrees. In this case, the suggestion is incorporated into the VOAA form. The Manager would then be expected to follow through with the suggestion and QA would follow up at a later date.

H. The third step is: The QA person completes the information on the VOAA form and answers the relevant questions completely. The VOAA form is then typed, based on the written notes gathered. The typed VOAA forms are forwarded to the Clinical Director to review. In most cases, the Clinical Director is already familiar with the issues reflected in the VOAA reports. In the event that the Clinical Director detects an error in the VOAA information, (i.e., about a subject that has previously been discussed in clinical meetings, but is not accurately reflected in the current VOAA report) he/she will notify the QA person of the error and ensure that a correction is made. In the event that the Clinical Director detects information that may require clinical intervention or further inquiry, the Clinical Director will raise the issue at the next clinical meeting with the IRA program planning Team.

I. Typed VOAA forms are batched and presented to Dr. Glicksman at the end of the cycle. As explained above, Dr. Glicksman reviews and summarizes the data and writes a summary report, which is distributed and reviewed at different levels of the Agency (as described above).

4.4 -**FORM**

Valued Outcome Achievement Assessment	
Individual's name:	
Care Manager:	Program:
Additional People Interviewed:	Interview Date(s)
Identify Valued Outcomes for the individual from the point of view of the individual, staff and family or advocates.	
Individual	➔ "What does the individual say his/her Valued Outcomes are?" Have the individual's VO's been addressed? Has there been progress? Is the Individual satisfied with the progress? Explain:
Staff	➔ "What Valued Outcomes or expectations do staff have for the individual?" Have these VO's been addressed? Has there been progress? Are staff satisfied with the progress? Explain:
Family/ Advocate	➔ "What Valued Outcomes or expectations do family / advocates have for the individual?" Have these VO's been addressed? Has there been progress? Is the family member or advocate satisfied with the progress? Explain:
➔ Additional comments:	

✵ Review of COMPASS Criteria ✵

Compass Compliance Criteria -- Quality Improvement

There is an agency wide, documented Quality Improvement Plan.

1. The QI process, through communication with stakeholders, is responsive to Individual, family/advocate and stakeholder reports of satisfaction; and other feedback and recommendations regarding agency operations and service delivery.
2. The QI process effectively supports and monitors the provision of quality services toward outcome achievement, in a person-centered environment.
3. The QI plan and process effectively incorporate basic tenets of a continuous quality improvement process (e.g., at least annual analysis, communication to stakeholders, measurable outcomes, etc.) to support the agency's mission and integrity.
4. QI plan implementation reflects agency commitment to:
    a) Staff competence and retention
    b) Robust Provision of needed and chosen supports and safeguards
    c) Regulatory compliance
5. The QI plan facilitates individuals' quality of life, including community connections, relationships and enhancement of natural supports.

MANAGEMENT PLAN PART 5

QUALITY IMPROVEMENT

Agency-wide Quality Improvement Plan

5.1 Communication of and responsiveness to feedback

- The Agency's QI process incorporates feedback and recommendations from individuals, families/advocates, as well as staff, management and administrators about Agency operations and service delivery. In brief….

  1. Service Participants' input is collected via the following means: the Valued Outcome Achievement Assessment system is administered during the QA self-survey process; the CQL/POMs and Quality of Life instruments are administered by trained interviewers; feedback is collected from Consumer Councils and the Cutting Edge Committee, in addition to feedback given directly to staff and Management. A participant representative has direct contact with the Board at a Board meeting and with Management and Administrators at a Management meeting. Board members receive input from participants via visits to service sites. At each juncture, input is sought on overall satisfaction, satisfaction with specific areas of life, in addition to satisfaction with supports and services.

  2. Dr. Glicksman collects the input data from the VOAA, CQL/POMs, QOL assessments, as well as input from Consumer Council meetings and the Cutting-Edge Committee. QA assists with the collection of some of this information.

  3. Dr. Glicksman analyzes the data and writes an interpretive summary of findings with recommendations.

  4. Dr. Glicksman's written findings are disseminated to Managers and Administrators at Management meetings. Dr. Glicksman also summarizes them when he provides updates on Compass to the Board.

  5. The exchange of information results in improved services by Management. In addition, Board members and Administrators consider this input when decisions are made.

  6. Agency management supports the implementation of plans which promote the attainment of individuals' valued outcomes.

- See Section 4 which describes the processes for collection and measurement of individual satisfaction and achievement of valued outcomes.

- See also Section 2 which describes the processes for collection of feedback from individuals, families, and advocates and how this is interfaced with Management, Administration and the Board to change and improve services.

- See chart in the Management Plan, "Systems that Route Participant Input in Order to Improve Services," page 2.

5.2 Monitoring and supporting quality of services via feedback

- The Agency's QI process uses feedback as a means to monitor and improve services.
- Data on consumer satisfaction is collected and processed as described above. Data from the current year's findings is compared with previous years' findings in an annual summary report. The conclusions of this comparison are discussed at meetings with management and administrators, and in a separate, summary presentation to the Board.
- In addition, members of the Board visit various residential sites to observe the service environment and to receive feedback from individuals and staff.
- In addition, during the self-survey process, QA staff evaluate information concerning individual's outcomes and how they are addressed by the residence.

5.3 Measurement and tracking of valued outcomes

- Valued outcome achievement is measured and tracked. Collected data undergoes annual analysis, the findings of which are communicated to stakeholders.
- See 5.1 and 5.2, above
- See 5.1 and 5.2, above. In addition, see sections 2 and 4.

5.4 Commitment to competence, service and compliance

The Agency's QI process promotes regulatory compliance, staff competence, and the provision of needed and chosen supports and safeguards. The following examples of Agency practices illustrate the stated policy:

- In general, the Agency recognizes and supports competent personnel. The Agency also supports professionalizing staff and managerial roles to promote overall staff competence and retention.
- The Agency's QA Department provides technical assistance in addition to conducting regulatory self-surveys. The technical assistance contributes to staff and managerial training by utilizing opportunities for teaching and training to improve program quality and regulatory compliance.
- The Agency's Administration and Management meet monthly for dissemination of best practices, review of consumer feedback, meeting with a consumer representative, as well as managerial training. Information relevant for DSPs is relayed as appropriate.

- The Agency's QA Department's self-survey process includes periodic updates to the Agency's administration about the progress of corrective action plans pending, corporate compliance training, monitoring of fire drills, as well as monitoring of fire safety compliance.
- Agency management supports the implementation of individual and group plans which promote the attainment of valued outcomes.

5.5 QI process as an extension of the Agency's Mission

- The Agency's QI process is guided by the Agency's mission, which emphasizes: promoting the maximization of each person's potential and sense of self-worth through: dignity and respect, acceptance and warmth, understanding and security, providing opportunities for choice-making and self-expression, creating opportunities for growth as an individual and as a member of the community.
- Data is collected to gauge attainment of desired outcomes, identify trends and common themes to reliably report on the status of the quality of life of individuals served.
- In general, new initiatives are developed by administrators, management and the Cutting-Edge Committee. New initiatives can be based, either on QI data or on spontaneous ideas, because, it is recognized that the most successful goals are the ones that generate the most enthusiasm, regardless of its source. In the long run, a goal that does not generate enthusiasm will not achieve its intended result.

5.6 QI Initiatives -- RESPONSIBILITY OF: AGENCY ADMINISTRATION AND/OR DR. GLICKSMAN

- Quality improvement initiatives are developed by the Agency to promote its values, as articulated above. The Agency's initiatives include: Jewish Cultural Education, Community Awareness, Empowerment through Learning, and the Makor / YU College Experience Program, Maintenance of an on-line learning platform for staff training and organizational changes to enhance existing services, to provide new services and community outreach.

5.7 Maintaining worthwhile activities -- RESPONSIBILITY OF: DR. GLICKSMAN AND QA

- Results of Quality Initiatives are summarized and shared with management and the Board. Initiatives are assessed, and successful goals and activities are carried over into the plan for the coming year. New initiatives are incorporated whenever possible. Reporting is done at Board meetings and Management meetings by Dr. Glicksman. QA reviews and updates the Management plan.

5.8 Agency-Wide Quality Improvement Initiatives

Community Integration / Community Awareness Initiative

Description: Organizing Shabbatons (weekend retreats) and community and social events

Started in November 2001 and is continuing

Time Frame: Weekend retreats occur semi-annually, around May and October; other community and social events are ongoing each month

Check Point: Monthly Management meetings

Responsibility: Principle organizers are Neil Weinstein and Jeff Waldman

Rationale:

A). The Agency's service participants enjoy weekend retreats hosted in Jewish community settings, which is supportive of the Jewish developmentally disabled population. YACHAD, an organization which sponsors social activities for the Jewish disabled, organizes such events on a large scale, which our service Participants enjoy immensely. However, their availability and accommodations are limited. It was felt that the Agency could make this type of activity more available to our service participants, by organizing our own events, and bring together our service participants, staff, management and members of the host community.

B). Our service participants stated that they enjoy parties, concerts and sports events in the general community, not just in their own backyard. Therefore, staff have undertaken to organize more frequent individual participation at these events.

Jewish Cultural Education Project

Description: An Agency-wide coordinator works to promote education of service participants on Jewish culture and opportunities for participation in cultural activities for those service participants who are interested.

Started in August 2002 and is continuing

Check Point: COMPASS Annual Reports

Responsibility: Neil Weinstein, Program Director and Clinical Director

Rationale: Many of our service participants gain satisfaction from learning about and participating in cultural activities and customs in the same manner as those who live in the community. Service participants are empowered when they are offered opportunities to participate in various cultural activities throughout the year, both in their residences and in the community. Years ago, when the Agency operated on a smaller scale, program staff included a cadre of

individuals with professional backgrounds in both regular and special Jewish education, who were able to incorporate these values into the programs they worked in. As the Agency has grown in size and its workforce is more diverse, it has identified the need to coordinate and to promote Jewish cultural education and activities.

Empowerment Through Learning Initiative

Time Frame: Annually

Started in 12/2000 and is continuing

Check Point: Annually

Responsibility: Training Director

Description: Makor began this initiative by offering staff enhancement training, since the Agency believes that participant empowerment and valued outcomes attainment are fostered by staff competency. This initiative has merged with two other initiatives, implementation of a Learning Management System (LMS) and implementation of ADM 2014-03, DSP Core Competencies.

***Makor* / YU College Experience Program**

Responsibility: Dr. Stephen Glicksman

Started: Fall 2017

Description: The College Experience Program is a three-year, non-degree program offered in partnership with Yeshiva University. The program is geared towards young men with intellectual disabilities between the ages of 18-25 who are looking to further their education after finishing high school. The program offers job training, life skills training and socialization in the YU college campus environment. Advisors and mentors work with the students to develop career-skills, determine an individual career path, and develop specific job plans and resumes. In addition, the students participate in the many activities and events on campus which allows them to feel part of the YU community and to experience the college lifestyle. Ultimately, the Makor students will leave the program with a certificate of completion, a resume, a reference letter to help them with future job applications, life skills, the tools and the education to make them significantly more independent and prepared for the future. The social aspect of the program is also significant. The Makor students access the resources and opportunities offered on campus and have many opportunities to interact and bond with other students. Likewise, the YU students have opportunities to get to know and be inspired by the Makor students.

Organizational Changes Directed Toward Improving and Expanding Services

Responsibility: Tzally Seewald, Chief Operations Officer

Implemented: 2021

Description: Implementing organizational changes, personnel assignments and infrastructure changes/upgrades, designed to enhance services, provide new services, and reach out to the community, in a manner consistent with the Agency's Mission.