



MAKOR / WOMEN'S LEAGUE

ANNUAL REPORT ON THE COMPASS MANAGEMENT PLAN

June 2022 through December 2022

Compass Annual Report Committee

December 31, 2022

PREFACE

This report is organized to follow the Agency's COMPASS Management Plan. On each page, action items are cited from the Management Plan and progress or status is reported for each item. Where appropriate, challenges, successful initiatives, best practices and follow up on unresolved issues are discussed.

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PART 1 - BOARD AND MANAGEMENT COMMITMENT

***Board and Management Commitment to Providing
Quality Services Through COMPASS***

Management Plan Section: 1.1 -- Board's and Management's 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.

PROGRESS – See Board meeting minutes dated 3/23/2022. Rabbi Burton Jaffa reviewed Makor's Mission Statement and the values of COMPASS with the Board. The Board gave its approval for the Mission Statement and re-affirmed its commitment to Compass. The Board resolved to continue participation in COMPASS. In line with the values articulated in the Mission Statement, the Board also approved altering the Agency's DBA to, "Makor Care Services Network." Rabbi Jaffa noted that the name change was spurred in part by the recommendation of the Cutting Edge Committee, which saw no reason to include the word "disability" in the Agency's name. The Board will discuss its annual recommitment to Compass in an upcoming meeting.

Management Plan Section: 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, comprehensive reporting by management and active discussion by Board members on issues relating to quality programming and services.

PROGRESS – See Board meeting minutes 6/23/2022 and 11/14/2022. On 6/23/22 – An Individual described to the Board how it felt to be interviewed by surveyors at the Compass Validation Visit. On 11/14/22 – An Individual presented an update on Compass activities to the Board. An individual participates when available at Human Rights and Incident Review Committee meetings.

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Management Plan Section: 1.3 -- Board Meeting Minutes

Responsibility of: Board & Executive Secretary...

- Board meeting minutes document discussion on the above issues.

PROGRESS -- *Continuing*

Management Plan Section: 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.

PROGRESS -- *The Mission Statement was reviewed in at the Board meeting on 3/23/22. See minutes. The Agency's Mission Statement has changed. The most current version can be found on the Agency's updated website, under the "About Us" tab. The change occurred as a result of the (second) rebranding of the Agency's d.b.a. identity to "Makor Care and Services Network." Use of the term "Network" in the revised statement reflects how the Agency envisions a broader role as a service provider, i.e., offering more service modalities to reach as many people as possible, while the terms "residences" and "disability services" are now absent. A marketing consultant, Dov Miller, who was hired in December 2021 by the Agency's Board of Directors, was tasked with assisting with the Agency's rebranding, which also led to the Agency's website and Mission Statement changes. The Board approved the d.b.a. name change and the changes in the Mission Statement.*

Management Plan Section: 1.5 -- Individuals' involvement in decision making

Responsibility of: Dr. Glicksman...

- 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.

PROGRESS -- *See minutes for Board, Incident Review and Human Rights committee meetings. An Individual attends most Board meetings and is tasked with reporting on the Agency's activities, including some of his own activities (e.g., the Agency wide special events, his job, etc.). The Individual reads from a written text when making his presentation. Agency COO, Tzally Seewald, who chairs the Incident Review Committee, reports that another Individual is also a very active member, never missing a meeting. However, the Individual is asked to recuse himself when the committee reviews incidents involving Individuals he lives with (i.e., residents of the same residential group) and the information discussed is*

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PART 1 - BOARD AND MANAGEMENT COMMITMENT

considered confidential. Since the IRC meetings are convened virtually, it is relatively simple to pause the Individual's audio, while the IRC discusses information considered confidential. Participating in the IRC virtually has an advantage, in that, when the confidential information is discussed, the Individual does not have to leave the conference room (which would have been the case if the meeting had been convened in person), which would have risked offending him by giving the impression that he was being singled out. The Individual's participation adds a human element to the committee's proceedings, because he shows enormous concern and empathy for the individuals discussed during the meetings. For example, if another Individual suffered an injury or passed away, the Individual on the committee often expressed sympathy, or remarked about he last saw the person at an event or at Day Hab. The IRC recognizes and appreciates the Individual's contribution to the meetings. Since the IRC focuses on making sure that all procedures and requirements were followed, the human element can be overlooked. The same Individual attends most of the Human Rights Committee meetings, as well.

Management Plan Section: 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.

PROGRESS – *This standard continues to be upheld by the Agency's residences and programs, in line with policies and procedure to protect individuals and families during pandemics.*

Management Plan Section: 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.

PROGRESS – *There were no changes in the makeup of the Board during the period between 6/2022 – 12/2022. However, active recruitment for additional Board members is continuing.*

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Management Plan Section: 1.8 -- Text of current Mission Statement

- The current Mission Statement can be found on the Agency's website, under the "About Us" > "Mission" tabs:

"Makor Care and Services Network is a professional non-profit agency providing a broad spectrum of support, care, and services to Individuals with intellectual or physical challenges and their families. Our philosophy is based on the deep-seated value of every Individual's inherent self-worth and their right to be treated with respect, dignity, and love. Makor is a unique blend: we combine the warmth and dedication of family with the professionalism and expertise of an experienced and knowledgeable agency. Our passion for quality care, as evidenced by our very active and dedicated Quality Improvement team, has helped propel Makor's national recognition."

- The current version of the Mission statement reflects the changes discussed above in section 1.1. The text of the **previous version** (as reported in the 2021 Compass Annual Report) which had been posted on the Agency's website was:

"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."

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PART 2 - MANAGEMENT PLAN

Individual Input Regarding Services

Management Plan Section: 2.1 -- A System for Individual Feedback and Training

Responsibility of -- Managers and CM Facilitators...

- Council Meetings are organized in each IRA and meet quarterly.
- The main function of this system is to promote Individuals' participation in decision-making of their residence.
- 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 CM meeting is an opportunity for Individuals 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 Individuals. In such cases, the direct, routine communication between the Individuals and DSP staff, managers, etc., are the primary means of eliciting feedback.

PROGRESS – *Continuing as above. Due to feedback from OPWDD resulting from the June 2022 annual Compass Validation Visit, the name, "Consumer Council Meeting" was changed to "Council Meeting," starting in July 2022. The change was reiterated during the September 2022 management meeting.*

Management Plan Section: 2.2 -- Which Programs have Councils?

Responsibility of – QA & Managers

- There are 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, and E. 60th Pl.
- The exception described above, at the end of paragraph 2.1, applies specifically to the IRAs located at 461 3rd floor and 4217, as well as the Individuals 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 Individuals. (See Section 4).

PROGRESS – *Continuing as above. Note: The 1-bed IRA located at 461 E. 3rd St, 2nd floor closed and the Individual who lived there moved to E. 60th Pl. IRA. The 2-bed IRA located at 461 E. 3rd St, 3rd floor is still open and the married couple that lives there does not participate in council meetings as explained above in 2.1.*

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Management Plan Section: 2.3-- How Councils Operate -- Facilitation

Responsibility of: Management...

- 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, an Individual receiving services can run the meeting(s).

PROGRESS – *Continuing as described*

Management Plan Section: 2.4 -- How Councils Operate – Participation & Feedback

Responsibility of: Management...

- "Participation" means that, with or without assistance, Individuals receiving services will, by any means, express their preferences about a subject and make choices. In general, CM 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, CM facilitators and/or managers will attempt to meet or respond to Individuals' personal requests or comments after the CM.
- Individuals who are unable to communicate will be assigned DSP staff who will advocate on their behalf at the 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 Individuals.

PROGRESS – *Continuing as described*

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Management Plan Section: 2.5 -- How Councils Operate – Response to Feedback

Responsibility of: Management...

- Notwithstanding the fact that CMs will focus on group choices rather than Individuals' personal issues and concerns, Individuals will be given opportunities to express their personal concerns and requests at appropriate times and in more appropriate, private venues with residence management, with dignity and courtesy. 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.
- In the context of Council Meetings, 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.
- In the context of Council Meetings or during personal discussions with management, any issue raised by Individuals that is deemed appropriate for clinical consultation will be discussed by management with the Agency's Clinical Director, at the facilitators' or managers' discretion.

PROGRESS – *Continuing as described. Since the change of format, i.e., to focus group preferences rather than individual issues and concerns, Residence managers observed that Council Meetings ran more smoothly, because there was less complaining by peers about one another and there was greater focus on group planning.*

Management Plan Section: 2.6 -- How Councils Operate -- Documentation

Responsibility of: Managers and QA...

- CMs have written minutes. The minutes summarize the Individuals' input regarding questions put to them concerning choices about 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 Individuals participating in 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.

PROGRESS – *Continuing. The following are examples of subjects discussed at Council Meetings during the summer-winter months in 2022, based on entries on the CM forms. At Council Meetings during the winter months, Individuals discussed how everyone was looking forward to Chanukah, ways to celebrate Chanukah and the presents they would like to receive, making sure everyone had warm clothing for the winter, replacing dining room furnishings, changing the decor in the residence, having a greater variety of indoor activities, e.g., games, puzzles, books. At Council Meetings during the spring and summer months, Individuals discussed getting new outdoor furniture for the backyard, activities schedules, trips, taking more long-distance trips, vacations, the meaning of 4th of July and the ways to celebrate, ways in which Rosh Hashana and Yom Kippur are celebrated, attending family celebrations, more efficient ways to communicate with staff, and*

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spending more time with a visiting therapy dog.

Management Plan Section: 2.7 -- Individual Input is Not Limited to Council Meetings

Responsibility of: Managers...

- Individuals receiving services 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.

PROGRESS – *Continuing as described. Managers have frequent contact with the Individuals. Individuals needing fewer supports are assertive and have almost daily input.*

Management Plan Section: 2.8 -- Collecting and Disseminating Input from Councils

Responsibility of: QA and Stephen Glicksman...

- CM minutes are collected by QA and are reviewed and summarized by Dr. Stephen Glicksman. The feedback is highlighted as part of the annual study of valued outcome achievement. The results of the annual study are shared with Managers, supervisors and Administrators. See Section 4.

PROGRESS – *The Compass Directions newsletter was a mechanism to publicize the valued outcomes and input expressed by Individuals at Council meetings. However, the newsletter is no longer produced. Instead, Dr. Glicksman receives copies of CM minutes and will summarize trends in Individuals' input as part of the annual report on the study of valued outcome achievement in the Agency. The above reflects a change in the Management plan, which has been modified accordingly.*



PART 2 - MANAGEMENT PLAN

Individual Input and Quality Assurance

Management Plan Section: 2.9 -- Inclusion of Individuals' Input in the Self Survey Process

Responsibility of: QA....

- Individuals receiving services will be encouraged to participate in the QA survey of their residential site. It is the responsibility of QA staff to implement this in a manner consistent with the OPWDD audit tools utilized for QA audits (See Section 3.7).

PROGRESS – *Continuing. QA observes and consults with Individuals during surveys. Depending on the conversational ability of each Individual, the QA survey team interviews Individuals as part of the self-survey process. QA staff use OPWDD survey protocols which require feedback from Individuals and families. QA staff also continue to gather data during surveys for the Valued Outcome Achievement instrument.*

Individual Input and the Board of Directors

Management Plan Section: 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 Individuals with direct access to the Board.
- During these visits, Board members observe the site, the Individuals and DSP staff and record their observations. In addition, Board members interview Individuals 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 Individuals are acted upon by administration and management.
- QA monitors this process and reports on implementation of any recommendations.

PROGRESS – *The Board has been very involved in securing funding for needed renovations in several residences, and, in the process of this work, individual Board members have made several visits to the homes. Site visit reports were not completed on these occasions but the visits were documented in the Board meeting minutes. Board members: Mendy Waisbrod led the effort (which is still in process) of obtaining grants to fund renovations at the 12th Avenue ICF. Rabbi Jaffa led fundraising efforts to renovate the Babies' Home and the 1552 ICF. Shimon Bertram led fundraising efforts to renovate the E 7th IRA. Several other Board members who were involved in the pricing of construction costs at Mill Basin*

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IRA where renovations were planned visited the site.

Management Plan Section: 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-Individual ratio, Individuals' appearance, condition of physical plant, Individuals' activities, summary of the Board members' discussion with Individuals'; 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 Individuals most like to see happen in reference to the above; do Individuals feel respected by DSP staff; do Individuals feel that their opinions are valued; what type of complaints are voiced by Individuals 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.

PROGRESS – See above 2.10.

Management Plan Section: 2.12 -- How Individuals Influence the Board's Decisions

Responsibility of: Board, Dr. Glicksman and the CEO

- 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 Individuals. At the same time, the Agency also values Individuals' input and seeks opportunities to empower Individuals 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 Individuals at site visits and information routinely reported about COMPASS activities, i.e., feedback from Councils, reports on Valued Outcome Achievement and CQL/Satisfaction assessment results, as well as attendance of an Individual (when available) at Board meetings. Individuals may also participate when available on Human Rights and Incident Review Committees.

PROGRESS – See Board meeting minutes 6/23/22 and 11/14/22. On 6/23/22 – An Individual described to the Board how it felt to interviewed by surveyors at the Compass Validation Visit. On 11/14/22 – An Individual presented an update on Compass activities to the Board. An individual participates when available at Human Rights and Incident Review Committee meetings.

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Individual Input and Management

Management Plan Section: 2.13 -- Systems to Support Individual Input to Management

Responsibility of: Management and Dr. Glicksman

- Individuals receiving services are being empowered to be more actively involved in Management's decision-making process via Council Meetings, participation in Board and IRC meetings and in the Cutting-Edge Committee.

PROGRESS – *Continuing as described. The CEC is taking place as part of Makor's Day Hab (See section 4).*

Management Plan Section: 2.14 -- How Individuals Influence the Management's Decisions

Responsibility of: Administration, Dr. Glicksman, Management & QA...

- To facilitate dissemination of Individual 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 Individual input, examples of best practices, as well as to discuss other issues concerning management.

PROGRESS -- *Continuing.*

Management Plan Section: 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 CMs, a review of best practices (i.e., strategies to promote implementation of Individual choice, individualized services, independence and productivity); presentations of Individuals' 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 and or recordings of the meetings are taken and distributed to management.

PROGRESS -- *Continuing as described.*

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Management Plan Section: 2.16 -- Disseminating Information from Management Meetings

Responsibility of: Administration, Management, and 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.

PROGRESS – Continuing. See Board meeting minutes 6/23/22 and 11/14/22.

Empowerment Through Learning

Management Plan Section: 2.17 -- Coordination of Training

Responsibility of Training Director & QA...

- One of the objectives of the Management Plan is to promote Individual 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.

PROGRESS – Continuing. See Part 5 for under the section on “Empowerment Through Learning.”

Management Plan Section: 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 values of COMPASS, through DSP staff interviews during the survey process and by review of the COMPASS Management Plan, annually (see below 2.25).

PROGRESS – Continuing. QA monitors training that is site-specific during the self-survey process. The Training Director monitors training mandated by regulation by monitoring use of ProProfs by staff agency wide. The Training Director also maintains the ProProfs, online learning platform. See in Part 5, “Empowerment Through Learning” for more details.

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Management Plan Section: 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.
- The Training Director works with management to ensure that as many new DSP staff as possible take advantage of these training opportunities.

PROGRESS – Staff enhancement training courses are now on ProProfs and are being assigned to staff. Jordan Fabian, Training Director is working on posting a new course featuring the point of view of an individual receiving services.

Management Plan Section: 2.20 -- DSP Staff Enhancement Training Curriculum

Responsibility of: CEO, COO and 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 the values of COMPASS.

PROGRESS – Continuing. See the section in Part 5, "Empowerment Through Learning" for more details.

Management Plan Section: 2.21 -- Reviewing Results of Annual Enhancement Training

Responsibility of: Training Director...

- The Training Director reports routinely to individual managers, the Chief Executive Officer, Chief Operations Officer regarding the numbers of DSP staff who have completed Compass training.

PROGRESS – Continuing. The Training Director provides quarterly progress reports to management and administrators.

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Management Plan Section: 2.22 -- Special Training Presentations for Administrators & Management

Responsibility of: the CEO, COO, 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.

PROGRESS – Special training for staff and management this year included: Dr. Fred Wetzel Ph.D. presented to the Agency's nurses on documentation, incidents, medications, etc. QA provided training on: ICF survey preparation and regulation changes (in July); Levels of Supervision (in August); Day Hab requirements (in August); How to use the Agency-developed standardized behavior data sheets (in September); QA also provided introductory training for the new communications & public directions director. The following special training events were organized and sponsored by the Agency and open to the community:

"Mental Health Primer – What Every parent Needs to Know," presented by Dr. Samuel D. Mandelbaum, Ph.D. Educational – Developmental Clinical Neuropsychologist on 7/5/22.

"What's in Your Wallet? Real Life Budgeting," presented by Walid Morad on 8/2/22.

"Special Needs Trusts or Able Accounts? A Financial Planning Workshop," presented by Stephen Ehrens CPA on 12/23/22

Management Plan Section: 2.23 -- Board Training on the Values of Compass

Responsibility of: CEO and Dr. Glicksman...

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

PROGRESS -- Continuing as part of routine reports to the Board on Compass related activities.

Management Plan Section: 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).

PROGRESS -- Continuing

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PART 2 - MANAGEMENT PLAN

“Empowerment” Training

Management Plan Section: 2.25 -- Empowering Individuals' Families & Advocates

Responsibility of Management, Clinical Director and Administration...

- One of the principle means for empowering Individuals' 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.

PROGRESS – *Whereas, routine contact between staff and families was formerly channeled through MSCs, since care coordination has been transferred to CCO/HH, Agency personnel have continued to work to empower Individuals' families and advocates during routine contacts. Agency personnel are trained to handle interactions with families as opportunities for exchange of information concerning rights education and choice-making, in addition to participating in the Person-Centered Planning process. Makor continues its work with its affiliate CCO/HH provider, Advance Care Alliance to coordinate activities in the new service environment being created with the implementation of People First Care Coordination.*

Makor is continuing a “Family Liaison” program, in which, Makor personnel were designated to carry caseloads of individuals' families who are known to require additional support, requiring longer amounts of time and attention by staff, which went beyond the scope of the work of the CCO. In a practical way, the Family Liaison program is intended to provide a level of care that was lost when the MSC program ended.

Agency goals and news are shared with Individuals and their families via Makor Care Network newsletters, by the Agency's social media platforms, and reports to the Board of Directors.

Management Plan Section: 2.26 -- Empowering Individuals via Training of DSP Staff

Responsibility of: Training Director...

- Training on the values of Compass is a permanent part of the Compass training curriculum for DSP staff.

PROGRESS – *Continuing as described. See the section in Part 5, “Empowerment Through Learning” for more details.*

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Management Plan Section: 2.27 -- Board Training on Individual Empowerment

Responsibility of: CEO, 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.

PROGRESS – *Continuing as described. An Individual receiving services reported on COMPASS activities at Board meetings. Routine clinical meetings between management, the Clinical Director and Dr. Lerner included thorough discussion and analysis of the values of Compass. Training for managers in the values of Compass is provided through discussions at management meetings. Issues related to the Values of Compass were discussed by Dr. Stephen Glicksman at management meetings*

Management Plan Section: 2.28 -- Empowerment Training for Individuals - Group

Responsibility of: CM Facilitator...

- Individual training relating to the values of making choices and expressing preferences sometimes occurs in formal or informal groups. The group could be a regular 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 an Individual receiving services 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 Council meeting, it is documented in the minutes.

PROGRESS – *Continuing as above with the following modification: discussion at Council meetings focuses on group choices rather than on individual requests and documentation of training provided is optional.*

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Management Plan Section: 2.29 -- Empowerment Training for Individuals

Responsibility of: QA & Managers...

- Training for Individuals 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 Individuals 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.

PROGRESS -- *Continuing as described*

Individual Input and the Management Plan

Management Plan Section: 2.30 -- Sources of Input Relevant to the Management Plan

Responsibility of: Administration, Managers, Dr. Glicksman, Cutting-Edge Committee and QA...

- The typical process leading to revision of the Management Plan and the development of new initiatives can run in the following manner. QA solicits recommendations for new activities or initiatives. The 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 Individuals' 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. Other factors can influence changes in 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:
 - Experimentation by managers with new ideas and the process of trial and error to determine if individuals enjoy a new activity.
 - Direct feedback from individuals to Management about which activities were enjoyable or successful or not enjoyable not successful.
 - Direct feedback from individuals derived via Council meetings and the Cutting-Edge Committee.
 - 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.
 - Recommendations by Agency administrators or OPWDD.

PROGRESS – *The above systems are continuing as described*

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QA's Role in the Implementation of the Management Plan

Management Plan Section: 2.31 -- Management Plan Implementation

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

The report of findings of the Agency's annual Compass Validation Visit in June 2022 included four recommendations:

“Section 1: Compass Criteria C: Quality Improvement Criteria -- It is recommended that the agency incorporate and routinely utilize Person-Centered Language. During the Compass Validation Review, the term “consumer” was observed to be used frequently. For example, the agency supports a committee titled “consumer council”. In review of agency documentation, the term “consumer” was noted frequently in meeting minutes, agency forms, and in an agency training.”

PROGRESS --*The Agency has made a concerted effort to implement systemic changes to incorporate and routinely utilize Person-Centered Language. The Agency has taken the following measures: 1). Changing the committee titles and forms used for Council Meetings, to remove the outdated language; 2). Requiring staff to take a special training on Person-Centered Care, using the ProProfs learning platform; and 3). Dr. Glicksman trained administrators, managers, supervisors on the concepts of Person-Centered Planning, language and services, during the Compass Management Meeting on 9/22/22 (and on 2/23/23). COO Tsally Seewald stated that he was aware of the recommendation and the corrective measures taken. The Agency is committed to making sure that personnel have received the message about using Person-centered language.*

“Section 1: Compass Criteria D: Agency Self-Survey Criteria -- 1). It is recommended that Agency staff encourage individuals receiving services to participate in overall mealtime hygiene (i.e., wash their hands prior to meals) and; **2).** Consider opportunities for the Individuals to have more independence in their daily routines (i.e., meal preparation); **3).** It is recommended that the Agency consider alternatives to individual involved fire drills, such as “mock” fire drills with staff, when the individuals are not at home. During the last quarter of 2021, it was noted that there were at least six fire drills at an Agency site when three drills were required. It was explained that the site was meeting the requirement to ensure all staff participate in fire drills every year. Twelve drills per year are required and by having more drills than necessary it may desensitize individuals to the immediacy of an actual emergency.”

PROGRESS -- *The 2022 Compass survey recommendations in this section were reviewed and discussed at the Compass Management Meeting on 2/23/2023, as follows. Regarding survey findings #1 & #2, Dr. Glicksman and the QA Department reminded Managers on the importance of overall hygiene and independence in the daily routines of Individuals. Ways of incorporating this into programing and training staff to reinforce this were also discussed. Regarding survey finding #3, the QA Department reminded Managers to run fire drills with the needs of the Individuals in mind and discussed ways of training new staff without holding excessive fire drills.*

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- QA schedules and develops agendas for management meetings; takes and distributes minutes of management meetings; monitors the implementation of the Management Plan; collects documentation from 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. QA routinely disseminates information via e-broadcasts to the Agency (changes, new policies, new requirements, new training, best practices, vital information, etc.).

PROGRESS – *Continuing as described.* QA helps to facilitate implementation of the various components of the Management Plan, as well as performing the various other responsibilities listed. In addition, the various components of the Management Plan continue to be carried through, thanks to the commitment of the members of the Board, Elliot Brownstein (Chief Executive Officer), Tzally Seewald (Chief Operations Officer), Dr. Pinchus Lerner, Clinical Psychologist & Clinical Director, Dr. Stephen Glicksman, Developmental Psychologist & Director of Innovation, program managers and supervisors and QA staff. Please, refer to the appropriate section for specific issues and updates. In addition to developing the agenda for Compass management meetings, QA has been responsible for the technical aspects of setting up the meetings on Microsoft Teams, and managing the technical aspects of meeting while in progress.

Management Plan Section: 2.33 -- Miscellaneous QA Tasks Related to the Management Plan

<u>TASKS</u>	<u>PROGRESS</u>
Reporting to the Board (on an as needed basis)	Continuing via Dr. Glicksman's updates to the Board. See Board meeting minutes for specific details.
Formulating, proposing and incorporating new goals for Agency quality improvement into the COMPASS Management Plan.	Continuing
Monitoring and assessing progress concerning implementation of the COMPASS Management Plan (annually)	Continuing
Reviewing the COMPASS Management Plan, at least yearly and more often, as necessary	As documented in this report. The process of writing the Compass Annual Report is the mechanism for reviewing and evaluating the progress of the Management Plan.
Amending the COMPASS Management Plan.	Continuing.
Preparing the required, annual summary report on COMPASS activities for OPWDD.	Continuing
Facilitating training for staff as needed and ensuring training is completed	Continuing

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PART 2 - MANAGEMENT PLAN

Cutting Edge Committee

Management Plan Section: 2.34 -- Committee Background and Function

Responsibility: Jeff Waldman...

- The Cutting-Edge Committee began as a group of DSP staff and an Individual who were tasked with the responsibility to come up of new ideas for quality improvement. The idea for a “Cutting Edge Committee” was developed by Dr. Stephen Glicksman, who facilitated committee meetings over several years. However, Dr. Glicksman’s schedule no longer allows time for this, and, Jeff Waldman, East 2nd Street Men’s IRAs Manager and Day Hab group leader has been tasked to carry on with the CEC meeting format within the context of Day Hab. Jeff’s Day Hab group includes Individuals requiring fewer supports. This group serves as the core for the CEC, but participants from other Day Hab groups, as well as, other Individuals from the Agency are invited to participate.

PROGRESS -- Now that the Cutting Edge Committee is part of Makor’s Day Hab, the CEC is more diverse than ever and is representative of a larger group of Individuals. The CEC works with the Events committee (i.e., Lisa Fuld) which organizes agency-wide special events, almost monthly. Some of the events have special themes or are connected to upcoming holidays. The Individuals are also involved in planning and organizing the events and give input on more areas than just the menu. The Events committee is responsive to the input from the CEC as far as what events and activities they would like to be planned. Agency-wide events are growing in scale and have a more diverse audience than in the past, attracting the attendance of Agency administrators, families, and local government representatives. In addition, the members of the CEC expressed interest in doing more for the community, e.g., delivering food to the needy, elderly, etc.

Management Plan Section: 2.35 -- Accommodation for Attendees

Responsibility: Jeff Waldman...

- The site where Jeff’s Day Hab group meets is not wheelchair accessible, but Individuals with mobility concerns are invited to join by video.

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PART 3 - SELF SURVEY

QA and the Self Survey Process

Management Plan Section: 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 for incident Corrective Action Plans, functioning as the HIPAA Privacy Officer, monitoring Agency compliance with HIPAA and CBC regulations; Personal Allowance and Petty Cash semiannual reviews; Corporate Compliance training and providing administrative oversight, monitoring of fire drills and other tasks as needed.

PROGRESS -- Agency self-survey activities are continuing. (See the chart at the end of this section summarizing survey progress). Additional, non-survey related QA activities this year included –

- ✓ monitoring compliance with habilitation documentation requirements;
- ✓ monitoring compliance with IPOP documentation requirements;
- ✓ monitoring compliance with 633.16, i.e., behavior plans and related documentation requirements;
- ✓ monitoring compliance with staff core competencies and staff evaluation requirements;
- ✓ monitoring compliance with staff training requirements;
- ✓ maintaining the Pro-profs online training platform including technical assistance for ProProfs users;
- ✓ monitoring that Individuals' bank account balances do not exceed asset/resource limits;
- ✓ implementing a CAC program (see description at end of this section);
- ✓ functioning as OSHA compliance officers;
- ✓ providing management with Covid-19 support and oversight (see description at end of this section);
- ✓ assisting the Agency's Incident Review and Human Rights committees.
- ✓ QA also monitored the functioning of Councils (i.e., making sure meetings are taking place and collecting minutes).
- ✓ QA also developed for the Agency guidance and procedures to comply with changing regulations.
- ✓ QA also trained Agency personnel in new requirements when needed.
- ✓ Since 2021, QA maintains and updates an online version of the Agency's policies and procedure manual, doing away with hard copies of the policy manuals which needed ongoing updating and changes. The Agency began setting up dedicated tablets in each residence to use to access the polices.

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Management Plan Section: 3.2 -- Reviewing compliance with the Compass Management Plan

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

PROGRESS -- *Continuing, as part of the preparation of the Compass Annual Report. The results of the review are reflected as updates in this report and revisions to the Compass management plan.*

Management Plan Section: 3.3 -- Billing documentation reviews

- There are QA reviews of “billing” documentation for Waiver services provided. Inventory results are summarized and reported to Agency administrators, the appropriate program supervisors and service coordinators. Erroneous billings are identified and reversed.

PROGRESS -- *Billing documentation is reviewed as part of the QA survey process and as part of QA collecting and both physically and electronically archiving Medicaid billing documentation. An OMIG billing audit at Makor is in progress which started in 2022.*

Management Plan Section: 3.4 -- Sampling methodology

- For all HCBS Waiver program surveys, the sampling methodology will follow OPWDD's survey protocol guidelines, 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 these 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).

PROGRESS

- ✓ *QA continued use of a modified version of OPWDD's PCR protocol, which was approved by OPWDD. It is being used with a minimum of 5% HCBS individuals, annually. QA uses a formula (approved by OPWDD) to produce a random sample of Waver Individuals across the agency.*
- ✓ *The Site Review and Agency Review protocols are used as directed by OPWDD.*
- ✓ *OPWDD approved the Agency's plan, developed by QA for implementing OPWDD's Risk Stratified Oversight (RSO)*

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survey strategy. There have been no systemic concerns, therefore QA implemented its RSO plan in 2022. Participation by residence managers was voluntary. In 2022, QA surveyed 8 sites using the RSO methodology. In this first RSO cycle year, QA chose to do "Truncated Surveys" at each of the 8 sites, although they could have had "Remote Surveys." QA will try doing "Remote Surveys" in 2023.

- ✓ Feedback from residence managers who participated in the RSO survey was split. From QA's vantage, the RSO did reduce the survey work somewhat, but some managers waived the technical assistance before the surveys, because it amounted to two surveys from their point of view and more work. Other managers were thankful for the technical assistance and viewed the actual survey as shorter and less intensive.

Management Plan Section: 3.5 -- Survey tools

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

PROGRESS

- ✓ QA continues to use OPWDD's survey protocols for self-surveys, including the Site Review Protocol, an Agency-modified version of the Person-Centered Protocol and the Agency Review protocol, under the direction of OPWDD.
- ✓ QA is now following (by OPWDD's invitation) OPWDD's Risk Stratified Oversight procedure. A modified Site Review Protocol was provided by OPWDD to use for this procedure. The RSO strategy is only being used for the Agency's residential sites. The Agency's other Waiver programs are having full QA surveys.

Management Plan Section: 3.6 -- Assessing quality

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

PROGRESS -- Continuing. Accomplished through use of OPWDD audit protocols.

Management Plan Section: 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 include procedures to interview Individuals and families.

PROGRESS -- Continuing. QA staff also administer the VOAA (Valued Outcome Achievement Assessment) questionnaire as part of the Site Review survey. In general, feedback from individuals is incorporated in the survey results. Note that this part of the survey may be done remotely. For individuals who are nonverbal, a staff person is designated to speak as the individual in response to the assessment questions.

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Management Plan Section: 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 personnel 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.

PROGRESS – *Continuing as described.*

Management Plan Section: 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.
- Survey findings and progress of corrective actions are provided to DQI in the manner and format directed by DQI.

PROGRESS – *Continuing as described.*

Management Plan Section: 3.10 -- Reporting of findings

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

PROGRESS --*Continuing as described*

Management Plan Section: 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.

PROGRESS – *Continuing as described*

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Management Plan Section: 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.
- In addition, QA assigns a dedicated Collaborative Coordination Assistant (CAC) to each residence to aid and support the site management in organizing, managing and maintaining compliance throughout the year. The designated CAC also follows up on correction of survey issues in addition to general compliance.

PROGRESS – *Continuing as described. Training, follow up and support is provided by QA via the CAC. The CAC program is continuing and is very productive*

Management Plan Section: 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.

PROGRESS – *Continuing as described*

Management Plan Section: 3.14 -- Trend analysis and dissemination

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

PROGRESS – *Continuing as described. Data on survey results is shared with DQI quarterly. Survey trend analysis per site and from PCR surveys is provided to DQI annually.*

Management Plan Section: 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.

PROGRESS –

✓ *QA continues to assure compliance through ongoing program evaluation, monitoring, guidance and support.*

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PART 3 - SELF SURVEY

Management Plan Section: 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, or 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, QA, the Chief Executive Officer or the Chief Operations Officer will be notified.
- h) QA will implement Risk Stratified Oversight methodology in its self-survey activities in the manner described in its correspondence with OPWDD, re: Women's League Community Residence/ Makor DS's RSO Site Survey Proposal, dated 1/5/2022, by Yechiel Davis, QA Director, addressed to Candice Comer, OPWDD

PROGRESS – *Continuing as described*

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PART 3 - SELF SURVEY

3.17 -- The Completed Self Survey Cycle - 2022

Site	Date Surveyed	Site	Date Surveyed
325 Foster Ave.	1/19/22	1380 East 2 nd St., apts. 1&2	9/15/22 – RSO (T)
511 East 2nd St.	2/23/22	461 E. 9 th St. 3 rd Fl.	9/29/22
674 East 2nd St., apts. 1&2	2/23/22	820 Ocean Parkway	6/15/22
477 East 2nd St.	2/23/22	622 East 5 th St.	6/15/22
1850 E. 23 St.	1/31/22	654 East 7 th St., apts. 1&2	12/27/22
1556 38th St.	5/31/22		
4217 16 th Ave.	2/17/22	Com Hab	4/6/22
1730 E. 27 St.	7/13/22 – RSO (T)	C.B.R. (SEMP)	11/29/22 – RSO (T)
798 East 8th St.	3/9/22 – RSO (T)	YU Day Hab	4/26/22
4018 Manhattan Ave.	3/30/22	Day Hab w/o Walls	10/31/22 – RSO (T)
554 Crown St.	7/26/22 – RSO (T)	4022 12th Ave. -ICF	5/17/22 - <i>Technical assistance only</i>
601 Dahill Road	11/23/22 – RSO (T)	1417 36th St. -ICF	8/10/21 - <i>Technical assistance only</i>
2272 E. 60 th Place	2/28/22 – RSO (T)	1552 38th St.-ICF	1/26/23 - <i>Technical assistance only</i>
1386 East 2 nd St., apts. 1&2	9/15/22 – RSO (T)	1015 45th St. -ICF	2/20/23 - <i>Technical assistance only</i>

Notes:

- a) *Tehila Tamaiev joined the QA Team in 2022.*
- b) *QA has continued to find ways to apply and support technology to help streamline work and to enhance programming. For example:*
- c) *QA continued to update and expand training courses on ProProfs, the Agency's online training platform.*
- d) *QA was involved in the planning and gradual implementation of electronic MARs, which is still ongoing. [See Sec. 4]*
- e) *QA is consulting in the development of an Electronic Visit Verification system. [See Sec 4]*
- f) *The Agency is investing in technology which will augment the current payroll system to help track the deployment of staff around the agency, which will help the Payroll Department, HR and QA.*

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- g) QA is using Excel to develop an electronic spreadsheet to help predict trends for incidents and citations.*
- h) QA is developing fillable forms to correct errors in the Fire Drill Log forms issued by OPWDD. This work is being done in consultation with OFPC.*
- i) QA introduced tablets to the residential sites to provide direct employee access to Agency policy and procedures. The tablet links to an on-line version to the policies and procedures, which is automatically updated and no longer requires printing and physically replacing revised sections. The process began in 2022 but has not yet reached every site.*
- j) QA set up a dedicated portal (with Microsoft One Drive) for the Agency's nurses to access nursing related forms and materials.*
- k) QA created an OSHA SDS (Safety Data Sheets) book in compliance with OSHA regulation 29 CFR 1910.1200 ("Hazard Communication"), with all relevant forms and materials.*
- l) QA created a "Communication Book" i.e., a system to disseminate information online throughout the agency.*
- m) QA continued to provide residences with Covid-19 support and oversight and made sure there was an adequate central stockpile of PPE for the Agency, which was distributed as needed. QA continued to develop and update Agency policies in compliance with changing Covid-19 requirements and disseminated this information throughout the Agency.*
- n) QA continued to publish a weekly bulletin to communicate with management regarding about compliance issues, links to documents, availability of training, etc.*

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**PART 4 - MEASUREMENT OF INDIVIDUAL SATISFACTION
AND VALUED OUTCOME ACHIEVEMENT**

Management Plan Section: 4.1 -- Overview

A). Different systems are used to assess Individuals' satisfaction and achievement of valued outcomes. 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. Lastly, Individual feedback from Council Meetings are recorded and reviewed. (See section 2.8).

B). Dr. Glicksman writes an annual report on valued outcomes, which summarizes the findings of both assessments, draws conclusions and makes recommendations. In addition, Individual feedback from Council Meetings are summarized as part of the annual report. Dr. Glicksman reviews these findings with Administrators and Management at Compass Management Meetings, to Board members when reporting to the Board about Compass activities.

C). The information in these reports is 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.

Responsibility of Dr. Glicksman

Progress— Continuing as described. The feedback from Council Meetings is now incorporated as part of the annual report on valued outcome achievement. Dr. Glicksman discusses the findings of his yearly report on valued outcomes and any recommendations at Board and Management meetings. Information relevant to the discussion on valued outcomes can be disseminated to managers and supervisors via the weekly QA e-bulletin, which is sent to managers, supervisors, and support staff (e.g., social workers, nurses, administrators). Managers and supervisors discuss the issues with their staff, as well.

Management Plan Section 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 Individuals 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

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**PART 4 - MEASUREMENT OF INDIVIDUAL SATISFACTION
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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 Individuals who participated previously. Completed interview forms are submitted to Dr. Glicksman for processing. From this data, Dr. Glicksman writes an annual report discussing Individual 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.

Responsibility of Dr. Glicksman and CQL trained interviewers

Progress—Continuing

Management Plan Section 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 Individuals). This information is then used to assess if the Agency is sufficiently "person centered" (i.e., whether the Individuals' 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

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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 Individual, 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 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

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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).

Responsibility of Dr. Glicksman and QA

Progress--Continuing

Progress & Significant Developments in Addressing Valued Outcomes

The 21st Century Cures Act of 2016 included the requirement for Electronic Visit Verification (EVV) for home-based care providers. Specifically, the Cures Act mandated that states implement EVV for at-home visits conducted by all Medicaid personal care services providers and home health agencies. Electronic Visit Verification is a technology that verifies where and when a caregiver begins services for a client and when they clock-out, which provides a trail that is a basis for billing. Although, the requirement to have EVV is a federal law, the application of technology to improve oversight of staff and Waiver service documentation is a milestone in Makor's provision of services. Mark Gersten is the Program Supervisor for HCB Waiver Services at Makor. According to Mark Gersten, the new system gives management a lot more oversight capability. Formerly, Hab staff submitted hand-filled time sheets and Habilitation service documentation to their supervisor every two weeks. Makor's Com Hab and Respite staff now start their work day by logging onto an app, which also tracks their GPS location, and they clock-in, in real-time. When Hab staff are done with services for the day, they fill out the service and billing documentation, online, contemporaneously, for the individuals they worked with, and clock-out, while the app verifies their GPS location. The system will not allow clocking-out until the billing documentation is filled-in. The app works with any device that has internet, e.g., smart phone, computer, tablet. For Hab staff who do not own a smart phone, the family receiving services provides Makor with a land-line phone number which they certify is theirs, and the Hab staff call-in from that number to the program number before starting and after ending each shift/visit. The system recognizes that the Hab staff called-in from the certified number associated with the Individual. If Hab staff call-in on a phone line that was not certified, the system will automatically alert

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management. There is an oversight team of 5-6 Makor staff, tasked with monitoring the system, making sure that Hab staff are, in-fact, clocking-in, in real time in the app; and, that billing and documentation are being completed contemporaneously in the app. The team also makes sure that Hab staff can login to their accounts, resets accounts, addresses glitches in the system, and maintains contact with the software company, MITC. Currently, technical meetings take place between Makor's management team and MITC's IT team, on a monthly basis. At the start of the program, the meetings were more frequent. Makor has made additional investments to continue adding upgrades and modifications beyond what the basic service provides, to assure that the program is as functional as possible. For example, at present, the system does not produce the monthly summaries required for Hab services and Makor would like MITC to develop the software further to enable this function. According to Mark Gersten, the legal requirement for EVV in HCB services only applies to Com Hab and Respite. However, in the long term, Makor envisions being fully digital for Day Hab, Fiscal Intermediary and Self-Direction, as well. However, going digital will be done incrementally over time. After completing digitalization for Com Hab and Respite, the program will be piloted at one of the Day Hab hubs. According to Mark Gersten, the initial ground work to digitalize Com Hab and Respite documentation began late in 2020. It was also necessary to modify habilitation goals to adapt to the new system. For existing Hab staff, the transition from pen/paper to digital documentation was challenging. There remains an ongoing need for extra support for Hab staff who experience difficulty with the technology and for Hab staff who forget to clock-in or clock-out in real time. However, with staff turnover, there is greater acceptance of the system, since the new staff start out using the online application. Overall, the Hab staff have accepted the new system and the program is working. According to Mark Gersten, the families receiving services have also accepted the changes. Some of the families are appreciative of the system's ability to enable them to check on their staff's hours. Use of the program has clearly resulted in improvement in documentation and greater oversight of Hab staff.

The Agency has committed to a gradual introduction of electronic recordkeeping, wherever possible, and plans are underway to initiate electronic MARs in the residences. The introduction of electronic MARs will be piloted at the E. 5th Street IRA, where Brocha Leah Mendelovitz, RN, Nursing Director is also the residence nurse. After the E.5th St.'s MARs go "paperless" the ensuing weeks will no doubt be spent weeding out any glitches in the system. The same, basic program software is used by many similar customers, but the program is customizable to the individual needs of each customer. There have been many technical meetings with the company's software technicians to customize the software to meet the Agency's needs. Mrs. Mendelovitz has also been consulting with Rabbi Nachman Goldman, the Agency's rabbinic advisor, for guidance in terms of the Jewish laws concerning the use of the program on the Jewish Sabbath and holidays. The ideal program should be easy to use, mistake-proof for the staff using it, and be tailored to proactively help staff to avoid errors. The program software will be

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integrated electronically with the pharmacy contracted by Makor to fill prescriptions and supply medications. A Chrome Book will replace the pen and paper MAR and each individual receiving medication will have their own electronic MAR "page" with their medications listed on it. The same system will record both medication administration, as well as tube feedings (where needed). Each medication vial label will have a bar code, and when administering the medication, the AMAP will scan the bottle label bar code with a scanner. The AMAP will be able to enter more specific information as required, e.g., the number of pills administered (when multiple tabs are ordered), the number of pills counted (for controlled medications), vital signs values (if ordered), etc. When vital signs values are entered that are outside acceptable boundaries or if errors are committed in administration, the system will immediately send an alert message to the residence nurse. Each AMAP will have their own unique access code, so the electronic record will show which staff members administered medications. If all goes well, then, the plan is to expand the program to other homes, gradually. In the future, when the electronic MAR program is expanded to residences with self-administering Individuals, those who self-administer without a med sheet would continue to do so. Those Individuals who record self-administration on a paper med sheet, could be granted their own pass code to access the home's electronic MAR and be guided in using the electronic system. It is hoped that the system will improve medication administration accountability and that the system will simplify medication administration.

As per Tzally Seewald, COO, Makor's Day Hab has expanded beyond its original hub location at 798 East 8th and now includes two new hubs which opened in 2022. Makor was bequeathed a property, i.e., the first floor apartment located under the 477 IRA in the Kensington section of Brooklyn. The apartment was renovated and currently serves as one of the hubs for Makor's Day Hab, used by one of Day Hab groups needing fewer supports. Originally, Makor leased the property located on Coyle Street in Brooklyn, for use by Day Hab as a temporary arrangement, to give time for the main office facility construction to be finished and to become operational. Subsequently, the Day Hab expanded and the Coyle location may likely continue to serve as a meeting place for much longer. Currently, it is used by 30-40 Day Hab participants. The Coyle Street hub is an optimal location for the Day Hab groups' trips and activities. Since Makor's Day Hab has enrolled many medically frail participants, the program now employs a nurse to address their medical needs while at Day Hab.

As per Elliot Steinmetz, Makor Day Hab program manager, the Makor Day Hab continues to grow. The Day Hab's 60 enrolled Individuals are divided into four programmatic groups. In 2022, Makor acquired a larger space for a Day Hab hub, located on Coyle Street, in Brooklyn, where many of the Individuals start their mornings before embarking on their daily activities. The new space is located on the ground level and has a parking area for up to 5 vans. The new hub is located very close to the highway, which is where most of their trips start out. Milestones in the Makor Day Hab during 2022 included: One individual expressed a

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life goal to live in Israel; the individual's Day Hab counselor and his residence manager worked in tandem to help this individual in the steps necessary to achieve this goal, and, it was, in fact, accomplished. Another individual expressed a life goal to work as a volunteer in the public library; the Day Hab counselor assisted the individual in following all the steps necessary in the process and the Individual was successfully accepted as a volunteer worker at the 18th Avenue branch of the Brooklyn Public Library. One Individual in Day Hab produced a music CD and her Day Hab counselor was able to persuade a local bookstore (Eichler's) to display copies of it. The Day Hab counselor is also helping the Individual to expand her presence on social media, and to produce new songs and skits; The Day Hab group led by Jeff Waldman expressed an interest in volunteering for community service. They volunteer on a weekly basis to assist a local charitable community food distribution program called Tomchei Shabbos. In addition, Jeff Waldman runs the Cutting Edge Committee as part of his group. According to Elliot Steinmetz, Makor Day Hab's program manager, Individuals in all the Day Hab groups are encouraged to interact with one another to the extent they are able. There are also informal, spontaneous discussions, as well as formal group planning of daily and weekly activities. In the groups having better communication skills, there is a lot of conversation and there are many opportunities for discussion and input about what they want to do. These groups accomplish more ambitious goals. In the groups with individuals needing more communication support, the preferred activities are trips. The preferred trips are the ones where the individuals can experience the most environmental stimulation. Medically frail members of the program are also able to experience trips and activities. With the reduction in Covid, there was relaxation of travel restrictions, enabling more individuals to participate. Eli Steinmetz and the Day Hab team leaders observe that individuals who are challenged by integrating in the community appear more relaxed when exposed to nature settings. In all, 2022 continued to be a year of growth.

Makor and Dr. Glicksman organized its second annual inclusive Chanukah Minyan (morning prayer service for Chanukah) on 12/25/22 at Congregation Rinat Israel in Teaneck, NJ. As reported in last year's Compass annual report, the function was a special, inclusive religious service for individuals with specialized needs and their families and friends. The wheelchair accessible, sensory sensitive, service was organized specifically for sensory challenged individuals who would not ordinarily attend prayer services. This year's event was featured in an article by the Jewish Standard, a newspaper based in Teaneck, New Jersey, that primarily serves the Jewish community in Bergen County and Northeastern New Jersey. Link to story: <https://jewishstandard.timesofisrael.com/inclusive-chanukah-minyan-for-families-with-specialized-needs-2/>

Some of the Agency's residences have been in operation between 20-30 years or longer and some living spaces are in need of

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refurbishment or redecoration. The Agency is sponsoring an effort to refurbish or redecorate where necessary, which is being led by Shaindy Gurwitz, Special Projects Director. This year, Mrs. Gurwitz oversaw redecoration projects at multiple sites: East 5th St. IRA, where the kitchen was upgraded and the basement recreation room was redecorated; 12th Avenue, ICF, where the common areas on the first floor were redecorated; Dahill Road, IRA, where the two remote exit stairwells were redecorated to make them distinctive from one another; 477 first floor apartment, Day Hab hub, which had been lived-in by the previous owner and was in significant need of restoration; Coyle Street, Day Hab hub, which had previously been an office space and was in need of redecoration to meet the needs of the Day Hab; Avenue M, IRA, basement, which needed decluttering and redecoration to make it a more functional and livable space; 10th Avenue, ICF living room, 2nd and 3rd floor hallways; and the 1552 basement/recreation room. In her projects, Mrs. Gurwitz tried to change old and outdated color schemes with more vibrant wall colors to project a happier feeling to the common areas of the residence; replace old/worn furnishings and to make the most appropriate use of space and resources.

Makor promoted a book signing event for inspirational author Meyer Greenberger, who signed copies of his acclaimed Ohr Meyer series, including insightful essays on Emunah and Bitachon (i.e., faith and trust in G-d), on 6/21/22 at Eichler's Judaica store in Brooklyn.

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Agency-wide Quality Improvement Plan

Management Plan Section: 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.

Implementation In brief....

- I. Individuals' 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 Council meetings, in addition to feedback given directly to staff and Management. An Individual participates at Board meetings, Incident Review and Human Rights committee meetings. Board members receive input from Individuals 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.
 - II. Dr. Glicksman collects the input data from the VOAA, CQL/POMs, QOL assessments, and Council meetings. QA assists with the collection of this information. Dr. Glicksman analyzes the data and writes an interpretive summary of findings with recommendations.
 - III. 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.
 - IV. The exchange of information results in improved services by Management. In addition, Board members and Administrators consider this input when decisions are made.
 - V. 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 the chart in Section 2, "Systems that Route Participant Input in Order to Improve Services," page 2.

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Management Plan Section: 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.

Implementation

- Data on Individual 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 an executive summary is presented 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.
-

Management Plan Section: 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).

Implementation

- See 5.1 and 5.2, above. In addition, see sections 2 and 4.
-

Management Plan Section: 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 periodically for dissemination of best practices, review of Individual feedback, as well as managerial training. Information relevant for DSPs is relayed as appropriate.

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- 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.
-

Management Plan Section: 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 every Individual's inherent self-worth by promoting every person's right to be treated with respect, dignity and love; facilitating and supporting family connections; striving for excellence in quality of care through knowledge, professionalism, expertise and a vigorous quality assurance process. In addition, as a member of the Compass program, the Agency is committed to providing Individuals with greater opportunities for choice-making, self-expression, and growth as valued members of the community.

Implementation

- Data is collected to: gauge attainment of desired outcomes; to identify trends and common themes in order to report reliably on the status of the quality of life of the Individuals served; and to enable management to modify services accordingly. New initiatives are developed by administrators, management and Individuals. New initiatives can be based on QI data if the resulting idea appears to generate sufficient interest. New initiatives tend more often to be based on spontaneous ideas, because, it is recognized that the most successful goals are the ones that generate the most interest. In the long run, a goal that does not generate enthusiasm will not achieve its intended result. Goals can be modified or replaced.
-

Management Plan Section: 5.6 -- QI Initiatives

- Quality improvement initiatives are developed by the Agency to promote its values, as articulated above.

Responsibility of: Agency Administration and/or Dr. Glicksman

- The Agency's initiatives include: Community Integration/Community Awareness, Jewish Cultural Education, Empowerment through Learning, and the Makor/YU College Experience Program, and Organizational Changes Directed Toward Improving and Expanding Services. **See below for progress.**
-

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Management Plan Section: 5.7 -- Maintaining worthwhile activities

- 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.

Responsibility of: Dr. Glicksman and QA...

- Reporting is done at Board meetings and Management meetings by Dr. Glicksman. QA reviews and updates the Management plan.

5.8 Description of Agency's Current Quality 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 annually, around May. Other community and social events are ongoing, seasonally
- **Check Point:** Monthly Management meetings /
- **Responsibility:** Neil Weinstein and Jeff Waldman are the Shabbaton organizers. Makor's management and staff are encouraged (at management meetings) to "step up" and organize special events and innovative activities for their programs and others.
- **Rationale:** A). Makor's Individuals enjoy weekend retreats hosted in Jewish community settings, which is supportive of the Jewish IDD population. YACHAD, an organization which sponsors special social activities, organizes such events on a large scale, which our Individuals enjoyed immensely. However, their availability and accommodations are limited. It was felt that Makor could make this type of activity more available by organizing its own events and bring together Individuals, staff, management and members of the host community. B). Individuals stated that they enjoy parties, concerts and sports events in the general community. Therefore, staff have undertaken to organize more frequent opportunities for participation at these events.

Progress:

- *The next Shabbaton organized by Makor is planned for May 2023.*
- *In 2022, Lisa Fuld continued in her role, planning and organizing special, agency-wide events for Makor. In summer 2022, Lisa tried to organize a "movie night" activity, involving several residences getting together in a park and watching movies on a large, outdoor movie screen. Even though the activity did not work out, because, they were unable to obtain a park permit, nevertheless, several residences borrowed and shared the outdoor screen and*

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projector and used it for outdoor events for their own Individuals.

- *During 2022, Lisa Fuld also helped Makor's Day Hab to plan and organize activities and events. Lisa also assisted individual Day Hab groups with special projects. Most notably, Lisa helped one Day Hab group put together an illustrated cookbook featuring photos of the foods they enjoyed preparing, as well as, photos of themselves preparing the food. Lisa Fuld assisted in the project by applying her skills in graphic arts for the finished product. Lisa also helped one group produce a special newsletter for Chanukah that included interviews, articles, recipes, and Torah thoughts. The newsletter was entirely produced by the Individuals who were very proud of their accomplishment, and the newsletter was distributed to all of Makor's residences. Lisa is planning to assist this same group of Individuals in producing a similar newsletter for the Pesach holiday (April 2023) and in organizing a "mock" Seder for the Agency, as well as planning other agency events related to upcoming holidays.*
- *Lisa helped organize an agency-wide concert for Chanukah in December 2022. The Agency hired a performer and arranged a venue for the event. Traditional foods and refreshments were served. The concert also included the opportunity for dancing. Although, there was a fee for attendance to cover costs, about 150 people attended and they had a very good time. Lisa is helping to plan and organize an agency-wide party event for Purim (in March 2023), with a "glow-in-the-dark" theme, music and a DJ.*
- *Jeff Waldman, Day Hab team leader and IRA manager helps to organize the Thursday night, "Mishmor" event, which occurs, approximately, once every other month. The concept of "Mishmar" is modeled after a well known educational program in Yeshiva seminaries, which involves a late-night study curriculum, typically held on Thursday evenings. Makor adapted the concept to create an opportunity for Individuals in the Agency to get together on a Thursday evening, to enjoy traditional foods and the company of others, while learning about Torah subjects. Different residences take turns in hosting the event, which has become very popular. The residence that hosts the Mishmor, typically provides the refreshments. Mishmor activities include singing Shabbat songs, discussing themes relating to the weekly parsha (Torah portion), discussing upcoming holidays (depending on the time of year), playing games relevant to the weekly parsha and distributing prizes. Jeff Waldman runs the activities.*

Jewish Cultural Education Project

- **Description:** An Agency-wide coordinator works to promote education on Jewish culture and opportunities for participation in cultural activities for those Individuals who are interested.
- **Started** in August 2002 and is continuing
- **Check Point:** COMPASS Annual Reports
- **Responsibility:** Neil Weinstein
- **Rationale:** Makor's Individuals gain satisfaction from learning about and participating in cultural activities and customs

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in the same manner as those who live in the community. Individuals 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 with professional backgrounds in both regular and special education 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.

Progress:

- *Neil Weinstein routinely contacts Managers to discuss plans in each residence to promote the appropriate cultural observances for major holidays. In cases of hardship, Mr. Weinstein helps arrange accommodations for Individuals and staff to observe an important religious observance. For example, for Rosh Hashanah, in residences where there are service participants who are home bound, Mr. Weinstein arranges for someone to come to the residence to sound the Shofar. Similarly, for Purim, Mr. Weinstein arranges for someone to come to the residence to read from the Megillah. He also assisted residences to obtain Lulav and Esrog sets for general use in the residence and for individuals who want it.*

Empowerment Through Learning Initiative

- **Time Frame:** Started in 12/2000 and is continuing
- **Check Point:** Annually
- **Responsibility:** Training Coordinator, Communication Director
- **Description:** Makor began this initiative by offering staff enhancement training, since the Agency believes that Individuals' 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. This concept has been expanded to include offering information and outreach to the general public.

Progress:

- *The system to monitor Agency-wide training continued in 2022, as described in the previous report. Firstly, as part of the self-survey process, QA checks site-specific training, which, due to the subject nature, is offered in-person or on-site. Second, Jordan Fabian, as Training Director, maintains and monitors the Agency's on-line learning platform with ProProfs. Jordan maintains the platform by reviewing and updating the on-line courses and by adding new courses and material, as needed. Jordan uses the updated OPWDD Training Resource Guide as a basis for determining required training, per job description. Jordan also monitors the use of the platform by staff, which serves as a metric of how staff, by site, are keeping up with their mandated training requirements. Jordan is able to use the platform to generate quarterly reports that show what percentage of the assigned courses have been completed by each residence, and the results are reviewed with each residence manager. ProProfs can also be used to implement changes in training*

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requirements and specially required training, resulting from incident-related corrective action plans. Jordan reported that he continued to update the material on ProProfs on an ongoing basis, especially the materials which are reviewed annually. The Agency is supporting Jordan in finding new training opportunities for staff. Jordan also monitors SLMS and IAC for training courses that would benefit staff which he would refer them to. (In addition, QA can announce training opportunities via the weekly QA Bulletin which is broadcast to managers, supervisors and administrators). Jordan also asks the residences for ideas for new training topic areas, which can be recorded, uploaded and assigned for that site for future use. (The content posted onto ProProfs can be either for general use or can be assigned to a specific site). In 2021, the Agency's employee handbooks were posted onto ProProfs for general access. Jordan also coordinates in-person training sessions on choking prevention, CPR, SCIP, etc. QA continues to monitor training in Core Competencies work with management to increase compliance. The Agency's training series, designed specifically for staff enhancement, known as, "Compass Training" has been reinstated on ProProfs. The training series formerly was in-person and was suspended in 2020 due to the pandemic. "Compass Training" course titles currently include: Person Centered Care, Makor's Mission and Vision, Addressing Religious and Cultural Needs, The Nurse's Perspective, The Role of Parents and Care Managers, and the Role of Active Programming.

- *Informational seminars and outreach provided to the community in the last half of 2022 included:*

Presented by Makor, on 7/5/22, "Mental Health Primer – What Every parent Needs to Know." A Zoom presentation by Dr. Samuel D. Madelbaum, Ph.D. Educational-Developmental Clinical Neuropsychologist, founder and clinical director of The C.L.I.N.I.C. The presentation covered what is healthy, what is considered normal, when does a child require professional intervention, how parents can recognize "red-flag" behaviors and how to approach them, anxiety issues, mood disorders, thought disorders, as well as learning and attention difficulties.

Presented by Makor, on 8/2/22, "What's in your wallet -- Real Life Budgeting." Presentation by Walid Morad of Cross River Bank, covering: creating and maintaining a budget, organizing spending and more.

Dr. Glicksman participated in a scientific conference Sept 29 – Oct 1, 2022 in St. Louis, MO, entitled, "Toward a Holistic Developmental Science." Dr. Glicksman led a workgroup entitled, "Using Moral Theory to Inform Policy for Individuals with Intellectual and Developmental Disabilities." These events helped to promote the values of the Agency to the general public. These are the same values promoted within the agency through training, organizational culture, discussions at managers meetings, behavior plans, etc.

Presented by Makor, on 12/23/22, "Special Needs Trusts or Able Accounts? A Financial Planning Workshop." A Zoom presentation by Stephen Ehrens, CPA, Wealth Management Advisor for Northwestern Mutual, specializing in financial planning for families of children with special needs. Introductory remarks by Dr. Stephen Glicksman.

Makor sponsored a Jewish music event on 1/2/2023; a live-streamed music show, entitled, "Jewish Music Hall of Fame

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Show, Celebrating 60 years of Jewish Music."

Makor / YU College Experience Program

- **Responsibility:** Dr. Stephen Glicksman
- **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.

Progress:

- *2022- The Makor College Experience (YU Day Hab) is continuing phenomenally well. There was a total of 18 students enrolled in the program in 2022-2023 and three students will be graduating at the end of the school year. (Technically speaking, there are 3 graduates, but 4 people are actually leaving the campus at the end of the current school year). The fourth student (who was the YU basketball team's "water boy" reported on in last year's annual report) actually graduated last year, but was asked by the university to stay on and to continue working part time on campus in the dean's office. This individual is doing well in his job at the dean's office and is considered a valued member of the office staff. A full class is enrolled for 2023-24 (i.e., between 6-8 students).*
- *New this year, MCE started a "credentialing" program, where students will be able to accrue skills and credits towards a specific job area. MCE decided to model a curriculum based on the concept of "Credential Stacking" which is a recent trend among in-campus and on-line college studies. ["Stacking Credentials" is where a student completes two or more credentials to earn a short-term certificate in a specific area and return to college later to apply some of those credits toward completing an associate or a higher degree in a more general field. The short-term certificate enables the student to immediately gain work experience in a field and the second set of credentials helps them advance along that career ladder]. As applied at MCE, Dr. Glicksman and Aron Gidalowitz and R. Kaplan MSW identified and compiled subsets of tasks/skills that are components of several career areas. The curriculum at this time includes three*

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areas: office/desk work, maintenance work, and physical labor. Each general area requires task/skills, however, some task/skills overlap in several career areas. The MCE curriculum focuses on those subset skills that overlap in several career fields. If a student chooses to focus on a specific career area, MCE will assist the student in finding further training in that area. The next initiative will be to develop a “hard-skills” curriculum to teach marketable skills for when students graduate.

- *Aron Gidalowitz is teaching a “literature” course this semester. The goal of the class is for the students to exercise their reading skills, at whatever level they are on, to provide the opportunity to read more or better and to improve comprehension. The class chose as their study text, “Believing in Brooklyn.” The students work on it daily, covering it slowly, and the students love it.*
- *Starting with the 2022 winter semester, MCE offered formal, individual counseling sessions for its students, provided by R. Kaplan, MSW, assisted by a social work intern. The service addresses MCE students’ needs, for example, counseling and support in regard to interpersonal relationships, family issues the students wanted to discuss, and emotional regulation. Originally, formal counseling was envisioned only for specific students but all the MCE students requested it and they are very happy with it.*
- *New this year, a Student Liaison will be assigned specifically to the MCE students. Previously, the Student Liaison (who is a student volunteer) was available to all the students on campus and the MCE students had already been in touch with him. From now on, however, the MCE students will have a Student Liaison assigned specifically to them. While the MCE students connected nicely with other students on campus, the new Student Liaison is expected to assist further, helping the MCE students to form connections with other students, e.g., finding someone to eat lunch with, to attend a student club with, to work out in the gym with, a study partner during religious studies evening program, etc. The MCE students are already included in campus life but this will help them become more included.*
- *Post pandemic, campus life is in full swing and the MCE students are fully involved, attending clubs, campus events and parties. Highlights included: One of the MCE students participated in the “Open Mic Night” at the Music Club. There was a campus party planned for the weekend of the Superbowl and the MCE students specifically arranged to spend their weekend on campus so they could attend the Superbowl party. The MCE students avidly follow the school basketball team, the Maccabees and stayed late on campus on game nights. Chabad events, including the “Farbrengen” are very popular with the MCE students. [Farbrengen are very reverent, religious gatherings, where a Chabad-Lubavitch Rabbi explains general Torah subjects with an emphasis on Hasidic philosophy, relates Hasidic stories, and Hasidic melodies are sung, with refreshments being served]. The MCE students also, faithfully participated in the campus Blood drive.*
- *MCE organized its own, annual Shabbaton (i.e., a weekend retreat) for the MCE students, which took place in*

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Cedarhurst, Long Island, and was hosted by Rabbi Penner, who is the dean of the yeshiva program at Yeshiva University (i.e., "REITS," Rabbi Isaac Elchanon Theological Seminary). The retreat included typical Shabbos activities, i.e., special meals, singing, "Tish" [i.e., generally modeled after Farbrengen, but the lessons and content are not limited to Chabad-Lubavitch teachings], attending Shul, walks in the community, individual or group Torah study, resting, etc. In addition, an MCE alumnus and someone enrolled as a freshman for the coming fall semester, who lives nearby in Cedarhurst joined in the Shabbaton activities with the MCE participants.

- *One MCE student represented Makor in the YU student government and conscientiously attended and participated in the student council meetings. In the student government, the student representatives of each branch of the university receive a budget allocation to run a special program or event for the branch they represent. The MCE Individual wanted MCE to host an event, just like other events and functions sponsored by the other university branches. As the representative of MCE, the Individual proposed to the student council to use his budget allocation to fund a luncheon event, in which MCE would host all the YU students in one of the on-campus eateries. The student council approved the proposal and the MCE students "hosted" the YU students for a pizza lunch. Coincidentally, last semester, the MCE psychology class covered a unit on how to host a get-together. The steps were summarized by the "Five W's," i.e. who's coming; where is it going to be; when is it going to be; what is the activity; how are you going to make it happen, as well as, etiquette skills, such as, making introductions, showing guests around, etc. So, at the MCE sponsored luncheon event, the MCE Individuals welcomed their fellow students as they arrived and made them feel comfortable in their role as hosts.*

Organizational Changes Directed Toward Improving and Expanding Services

- **Responsibility:** Tzally Seewald, Chief Operations Officer
- **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.

Makor's growth and innovation continued in the past year. By the end of 2022, Makor's Fiscal Intermediary program had 12-15 applicants in the enrollment process. By the end of 2022, Makor's HR department increased in size from 2 to 4 full time workers to handle the increased volume. In addition, Makor contracted with Viventium Software, Inc. to use their HR management software. The goal is for Makor's HR department to become digital/paperless by summer 2023. The anticipated benefits are improving compliance, reducing the intake time for new employees, and improving efficiency, which will enable the department to manage HR processes for a greater volume of personnel. Makor's planned new central office location which is under construction will open, hopefully, within a year. The new facility will enable more effective outreach to the community by concentrating more resources into a central location and afford greater access for members of the community who need it. The new building will enable the Agency to offer better services for individuals. The new center will

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have a therapeutic pool, music room, and art room, which are intended to be available to all current service recipients – not necessarily for the community at large. It is hoped that the planned new facility will help facilitate the Agency's vision of continued expansion to meet the needs of the community. Many of the concepts discussed in 2022 will go into effect and/or will continue in 2023, i.e., renovating the older residences, completing the new central building, organizing agency-wide monthly special events with Individuals' input, developing connections with local government officials, developing funding grants, digitalizing some of the Agency's service documentation (i.e., for HCBS Waiver habilitation services and electronic MARs). The YU/MCE program's enrollment is expanding. Makor's vision is not limited to expansion of OPWDD funded programs. The Agency is also interested in administering other program types that can help the community, for example, applying to become an EI funded Respite provider for families and kids in crisis. Makor also plans to tap underserved communities as an area of possible expansion. Makor would like to open an after school and Sunday Respite program. Makor's long term goal is to continue expanding, reaching and helping as many people as possible without losing touch with the characteristics that contributed to the Agency's initial success. Marketing strategy, as well as outreach efforts, orchestrated by the Communications Director played a role in the expansion.