MAKOR / WOMEN'S LEAGUE

ANNUAL REPORT ON THE COMPASS MANAGEMENT PLAN

June 2024 through December 2024

Compass Annual Report Committee

December 31, 2024

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.

2024 COMPASS ANNUAL REPORT TABLE OF CONTENTS

+

PART 1 BOARD AND MANAGEMENT COMMITMENT

PART 2 MANAGEMENT PLAN

2024 COMPASS ANNUAL REPORT TABLE OF CONTENTS

2024 COMPASS ANNUAL REPORT TABLE OF CONTENTS

PART 4 VALUED OUTCOMES

PART 5 QUALITY IMPROVEMENT

Agency-wide Quality Improvement Plan

Agency-Wide Quality Improvement Initiatives

NOTE:

During the period covered by this report, Makor underwent changes to its organizational structure. However, there were no substantive modifications to the Compass Management Plan. Minor revisions were made solely to update outdated language and refresh the charts in Part 2 of the Management Plan.

★

Board and Management Commitment to Providing Quality Services Through COMPASS

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 – The Board met on 9/25/24. See Board meeting minutes. As of December 2024, the Board's re-affirmation of its commitment to Compass participation is pending.***

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 – Continuing. See Board meeting minutes dated 9/25/24. "Eli" presented to the Board.***

1.3 -- Board Meeting Minutes

Responsibility of Board & Executive Secretary…

- Board meeting minutes document discussion on the above issues.
- ***Progress – Continuing…***

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 Agency's Mission Statement can be found on the Agency's updated website, under the "About Us" tab. The Mission Statement reflects the Agency's vision of becoming a service***

★

network hub offering a range of service modalities reaching as many people as possible. No changes were made in 2024. The current version of the Mission statement was the product of the input by marketing consultant, Dov Miller and was approved by the Agency's Board of Directors, in support of the agency's rebranding in 2021. Individuals and families have also had the opportunity to review the Mission Statement.

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 – Continuing. See minutes for Board, Incident Review and Human Rights committee meetings which document when an Individual is in attendance.***

1.6 -- Commitment to the 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 – The Agency's residences and programs continue to uphold this standard [See part 5]***

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 – No new members joined the Board this year.***

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..."*

- ***Progress – No changes were made to the Mission Statement in 2024***

★★

Individual Input Regarding Services

2.1 -- A System for Individual Feedback and Training

Responsibility of -- Managers and CM Facilitators...

- Residential Council Meetings are organized in each IRA and meet quarterly.
- The main function of this system is to promote Individuals' participation in the decision-making of their residence.
- The standing agenda of each Residential 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 RCM 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.***

2.2 -- Which Programs have Residential Councils?

Responsibility of – QA & Managers

- There are Residential 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 473 E. 9th -1st floor and 4217, as well as the Individuals who live at home, e.g., who receive, Community Habilitation, Group Day Hab, or Creative Business Resources (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. Council meetings will be implemented in the new E.17th St. IRA planned to open in the coming year***

2.3-- How Residential Councils Operate -- Facilitation

Responsibility of: Management...

- Residential 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***

2.4 -- How Residential Council Meetings Operate – Participation & Feedback

Responsibility of: Management...

- "Participation and feedback" mean 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 Individuals on group choice making relating to questions affecting the general operating of the residence, rather than Individuals' personal requests. If necessary, CM facilitators and/or managers will attempt to respond to Individuals' personal requests or comments after the CM.
- Individuals who are unable to communicate will be assigned a staff member who will advocate on their behalf at the meeting (based on his or her 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.***

2.5 -- How Residential 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 Residential 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 Residential 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.***

2.6 -- How Residential 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 a few examples of subjects discussed at Residential Council Meetings in the last six months [June-December 2024]: plans for upcoming holidays, requests to plan activities of interest, choosing to do something or to buy something, and vacation planning.***

2.7 -- Individual Input is Not Limited to Residential 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 daily or almost daily input.***

2.8 -- Collecting and Disseminating Input from Residential 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 – Continuing.***

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

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 many site visits were completed. Board members spent time in each of the sites, observed the individuals and spoke with individuals and staff. However, the visits were not documented. Foster Ave., Mill Basin, East 5th, East 7th, Day Hab, and YU Day Hab were all visited.***

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.***

★★

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 Residential 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 – Continuing as described.***

Individual Input and Management

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 Residential Council Meetings, participation in Board and HRC meetings and in the Cutting-Edge Committee.
- ***Progress – Continuing as described. (See section 4)***

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 as described. See management meeting minutes and videos.***

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.***

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. QA records the meetings and takes minutes which are disseminated across the Agency, electronically. The QA weekly bulletin includes links to the meeting minutes and recordings. In general, more people are participating in management meetings.***

Empowerment Through Learning

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 under the section on "Empowerment Through Learning***

2.18 -- Role of QA in Monitoring Training

Responsibility of: QA...

- Through the Agency's self 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 site-specific training during self-surveys at each site. The Training Director monitors training mandated by regulation by monitoring use of ProProfs by staff, agency wide. The Training Director also maintains the agency's ProProfs, online learning platform. See Part 5, "Empowerment Through Learning" for more details.***

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 – Continuing. See Part 5.***

2.20 -- DSP Staff Enhancement Training Curriculum

Responsibility of: CEO, COO and Training Director

- The Chief Executive Officer, Vice President of Operations, and the 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 Part 5, "Empowerment Through Learning" for more details.***

2.21 -- Reviewing Results of Annual Enhancement Training

Responsibility of: Training Director...

- The Training Director reports routinely to individual managers, the Chief Executive Officer, Vice President of Operations regarding the numbers of DSP staff who have completed Compass training.
- ***Progress – Continuing. See Part 5, "Empowerment Through Learning" for more details.***

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, Vice President of Operations, Training Director or QA, special speakers or special training presentations can be arranged for DSP staff or management.
- ***Progress – Continuing. See Part 5, "Empowerment Through Learning" for more details.***

★★

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.***

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***

"Empowerment" Training

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 their 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 providers.***
- ***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 form of assistance 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.***

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 Part 5, "Empowerment Through Learning" for more details.***

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. (See minutes). Routine clinical meetings between management and the Clinical Director, 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. (See minutes).***

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. Formal groups could include Residential Council Meetings or Cutting Edge Committee meetings. Informal groups could include discussion within a Day Hab group or any other informal group activity which convenes in one of the residences on an as needed basis. The issues addressed are, typically, specific to the program site, however, facilitators encourage the participants to focus on group choices more than individual requests. The facilitator or staff member elicits the feedback of other individuals and presents options for the group to consider.

★★

- 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, or train the person in more appropriate modes of expression, as needed. When this training occurs in the context of a Residential Council meeting, documentation of training provided is optional.
- ***PROGRESS – Continuing.***

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

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 successful. 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 Residential 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***

QA's Role in the Implementation of the Management Plan

2.31 & 2.32 -- Management Plan Implementation & Management Meetings

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

2.32 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 Residential 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, Tzally Seewald (Chief Executive Officer), Elliot Brownstein (Vice President of Operations), 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.***

★★

TASKS	**PROGRESS**
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

★★

Cutting Edge Committee

2.34 -- Committee Background and Function

Responsibility: Jeff Waldman & Lisa Fuld...

Progress – Continuing. The Cutting Edge Committee and the Mishmar activity are organized and run by Lisa Fuld and Jeff Waldman, every other month very successfully, because it is an interesting, integrative, and social experience. As of the time of this report, it was well attended by about 70 participants who came from most of the Agency's residences. An acronym was developed, because the activity has been given public exposure for public relations purposes. "M-I-S-H-M-A-R" now stands for M= Makor; I= Individuals; S= Share; H= Help; M= Motivate; A= and; R= Respect one another. The activity is successful because the participants plan the activities they want to do and the projects they want to work on.

2.35 -- Accommodation for Attendees

Responsibility: Jeff Waldman & Lisa Fuld...

Progress – Continuing described, except that the CEC and Mishmar meet at the new executive office center on 1400 Coney Island Avenue, which is wheelchair accessible.

★★★

QA and the Self Survey Process

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

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

- ***Progress -- Agency self-survey activities continued as described in sections 3.4 to 3.12. See the chart at the end of this section summarizing self-survey progress. Additional, non-survey related QA activities this year included –***

✓ ***Running a new "Compliance Committee" started in 2023 to meet the requirements of 18 NYCRR § 521-1.4(c);***

✓ ***Assisting the Agency's Incident Review Committee, by scheduling and organizing meetings and making the case presentations;***

✓ ***Assisting the Agency's Human Rights Committee, by scheduling and organizing meetings;***

✓ ***Monitoring Agency compliance with habilitation and IPOP documentation requirements;***

✓ ***Monitoring Agency compliance with 633.16, i.e., behavior plans and related documentation requirements;***

✓ ***Monitoring Agency compliance with staff core competencies, staff evaluation and staff training requirements;***

✓ ***Maintaining the Pro-Profs online training platform-- including technical assistance for ProProfs users;***

✓ ***Monitoring Individuals' bank account balances not to exceed asset/resource limits;***

✓ ***Maintaining the CAC program (see description at end of this section);***

✓ ***Functioning as the Agency's OSHA compliance officers;***

✓ ***Continuing to provide support as needed for infection control and management of airborne pathogens;***

★★★

- ✓ ***Monitoring Residential Councils (i.e., making sure the meetings are taking place and collecting minutes);***
- ✓ ***Developing guidance to promote Agency compliance with new and changing regulations;***
- ✓ ***Training Agency personnel in new requirements as needed;***
- ✓ ***Maintaining and updating an online version of the Agency's policies and procedure manual and setting up dedicated tablets in each residence to facilitate access to the polices.***

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.***

3.3 -- Billing documentation reviews

- There are QA reviews of "billing" documentation for Waiver services provided. Review findings are summarized and reported to Agency administrators, the appropriate program supervisors and service coordinators. Erroneous billings are identified and reversed.
- ***Progress -- QA reviews billing documentation at several junctures as part of the self-survey process and by collecting and electronically archiving Residential Habilitation and Day Hab Without Walls billing documentation. In addition, QA's new Compliance Committee assists the billing department with billing and reporting requirements and OMIG requirements changes.***

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 can 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. As requested by OPWDD, in each survey cycle, QA ensures that the PCR sample includes individuals from each OPWDD funded service type offered by the agency. The Site Review and Agency Review protocols are used as directed by OPWDD. QA continued to implement its Risk Stratified Oversight (RSO) survey strategy, which was approved by OPWDD, and there continues to be no systemic concerns. Feedback from residence managers who participated in the RSO was positive and most IRA residence managers took advantage of it, but, participation continues to be voluntary. Please refer to the chart at the end of this section for an overview of how the RSO procedure was used in the 2024 self survey cycle.***

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 Review Protocol and the Agency Review protocol, under the direction of OPWDD. OPWDD provided QA with a modified Site Review Protocol for use with Risk Stratified Oversight surveys. QA is using the special SRP protocol for its IRA – RSO surveys. The Agency's non-residential Waiver programs are not part of RSO and have full QA surveys using the appropriate protocols.***

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.***

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.

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.***

3.9 -- Tracking the correction of deficiencies

- QA presents 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.***

3.10 -- Reporting of findings

- QA provides the Chief Executive Officer and other administrators with periodic reports on the progress of corrective actions.
- ***Progress –Continuing as described***

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***

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 Vice President of Operations if there will be long time delay before a regulatory area is compliant.
- In addition, QA assigns a dedicated Collaborative Assistance Coordinator (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 are provided by QA via the CAC. The CAC program is continuing. Citations continue to decrease as an overall trend. There are some exceptions to this trend due to justifiable circumstances.***

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 is provided to DQI annually. QA also provides DQA with site, PCR and agency protocol survey results, 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.***

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 Vice President of Operations, 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 Vice President of Operations 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.

i) Progress – Continuing as described

★★★

3.17 -- The Completed Self Survey Cycle – 2024

Site	Date Surveyed	Site	Date Surveyed
325 Foster Ave. RSO(T)	1/25/24	1380 East 2nd St., apts. 1&2 – RSO(R)	6/18/24
511 East 2nd St. (*)	4/18/23	473 E. 9th St. 1st Fl. – (*)	6/4/24
674 East 2nd St., apts. 1&2 (*)	4/18/23	820 Ocean Parkway - RSO(R)	9/25/24
477 East 2nd St. (*)	4/18/23	622 East 5th St. (R)	12/17/24
1850 E. 23 St. RSO(T)	1/30/24	654 East 7th St., apts. 1&2 – RSO(R)	11/29/24
1556 38th St. RSO(F)	7/30/24	FI/ Broker/ Self Direction/ IDGS (*)	4/17/24
4217 16th Ave. (*)	5/15/24	Com Hab/ Respite (*)	4/17/24
1730 E. 27 St. – RSO(F)	5/8/24	C.B.R. (SEMP) – (*)	10/8/24
798 East 8th St. – RSO(F)	7/31/24	YU Day Hab (*)	4/9/24
4018 Manhattan Ave. RSO(T)	12/24/24	Day Hab w/o Walls – (*)	11/5/24
554 Crown St. – RSO(F)	7/24/24	4022 12th Ave. -ICF	5/13/24 - *Technical assistance only*
601 Dahill Road – RSO(R) Apts. 1 & 2	9/10/24	1417 36th St. -ICF	11/26/24 - *Technical assistance only*
2272 E. 60th Place – RSO(R)	2/12/24	1552 38th St.-ICF	1/16/24 - *Technical assistance only*
1386 E. 2nd apts. 1&2 – (*)	6/5/24	1015 45th St. -ICF	2/6/24 - *Technical assistance only*

KEY:

RSO = Residence/program Manager elected to participate in Risk Stratified Oversight survey procedure by QA

(F) = Full review

(T) = Truncated review

(R) = Remote review

(*) = Residence/program Manager had or elected to have a regular survey

★★★

Notes:

QA has continued to find ways to apply and support technology to help streamline work and to enhance programming. For example:

a) *The QA Department has continued to explore and implement technological solutions to streamline operations and enhance programming. Key developments include:*

b) *Training Platform Expansion -- QA has continued to expand and update the ProProfs training platform by collaborating with residences to identify new training content and address site-specific training needs.*

c) *Excel-Based Tracking Tool -- QA developed and promoted the use of an Excel-based tracking form to streamline various managerial tasks. This tool is used to identify incident trends, monitor staff training, and track compliance with regulatory requirements and timeliness. Its adoption across residences has grown steadily.*

d) *Tablet-Based Policy Access -- In 2022, QA introduced tablets at residential sites to provide direct staff access to the Agency's policies and procedures. These tablets link to an online version that is automatically updated, eliminating the need for printed revisions. Nearly all residences now use these tablets, which also provide access to OSHA plans, the training manual, the disaster plan, IPOPs, and safety guidance. All programs receive routine updates issued by QA.*

e) *Resource Library Enhancements -- QA added numerous templates for PONS and formularies to its cloud-based resource library. This portal allows staff to access health and nursing-related training materials and forms efficiently.*

f) *PPE Management and Oversight -- QA continued to support residences by maintaining a central stockpile of personal protective equipment (PPE), ensuring timely distribution as needed.*

g) *Policy Updates on Airborne Pathogens -- QA has remained proactive in updating agency policies in response to evolving guidelines on airborne pathogens and has disseminated this information throughout the organization.*

h) *Weekly Compliance Bulletin -- QA continues to publish a weekly bulletin to keep agency management informed about compliance issues, alerts, training opportunities, available resources, and other important updates.*

★★★★

4.1 – Overview -- *Responsibility of Dr. Glicksman*

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 Residential 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 Residential 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 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.

Progress— Continuing as described. The feedback from Residential Council Meetings is 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.

★★★★

4.2 -- Identifying Valued Outcomes and Measuring Satisfaction (CQL/QOL) -- *Responsibility of Dr. Glicksman and CQL trained interviewers*

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 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.

Progress—Continuing

★★★★

4.3 -- Assessment of Valued Outcome Achievement (VOAA) - *Responsibility of Dr. Glicksman and QA*

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 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 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).

Progress--Continuing

★★★★★

Agency-wide Quality Improvement Plan

5.1 -- Communication of and responsiveness to feedback

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

Implementation In brief….

1. 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 Residential 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.

2. Dr. Glicksman collects the input data from the VOAA, CQL/POMs, QOL assessments, and Residential Council meetings. QA assists with the collection of this information. Dr. Glicksman analyzes the data and writes an interpretive summary of findings with recommendations.

3. 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.

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

5. 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.

★★★★★

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.

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.

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.

- The Agency's QA Department's self-survey process includes periodic updates to the Agency's administration about the progress of corrective action plans pending, corporate compliance training, monitoring of fire drills, as well as monitoring of fire safety compliance.

★★★★★

- Agency management supports the implementation of Individual and group plans which promote the attainment of valued outcomes.

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

- The Agency's QI process is guided by the Agency's mission, which emphasizes: promoting 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.

5.6 -- QI Initiatives -- *Responsibility of: Agency Administration and/or Dr. Glicksman*

- Quality improvement initiatives are developed by the Agency to promote its values, as articulated above.
- The Agency's initiatives include: 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.***

5.7 -- Maintaining worthwhile activities -- *Responsibility of: Dr. Glicksman and QA...*

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

★★★★★

5.8 Progress of Current Quality Initiatives

Community Integration/Community Awareness Initiative

- **Description:** Organizing weekend retreats and social and community events.
- **Started** in November 2001 and is continuing.
- **Time Frame:** Weekend retreats and vacations occur annually. Community and social events are ongoing
- **Check Point:** Monthly Management meetings
- **Responsibility:** Makor's management and staff are encouraged to take the initiative to create and organize special events and innovative activities for their programs and for the agency at large
- **Rationale:** A). Makor's Individuals enjoy weekends with family, weekend retreats and vacations. Makor was inspired by Yachad, which organizes special social activities, weekend retreats, and vacations which some of our Individuals have been able to enjoy. It was felt that Makor could make this type of activity more available for its own individuals. B). Makor's Individuals state that they enjoy parties, concerts and sports events in the general community, and staff have undertaken to organize recreational events. C). Makor's residence managers are supported in planning trips and vacations for the Individuals they serve. D). Also, Makor's residence managers are encouraged to support and facilitate individuals spending weekends away with their families.

Progress:

- *Makor organizing special, agency-wide events including the annual Chanukah concert, and special workshops for staff and caregivers.*
- *The annual inclusive Chanukah Minyan (morning prayer service for Chanukah) at Congregation Rinat Israel in Teaneck, NJ, organized by Makor and Dr. Glicksman.*
- *Individual residences plan and organize vacations and trips for their participants*
- *Individuals arrange time away with their families for weekends and holidays, which is supported by Agency staff and management*
- *Makor organized, "MISHMAR" an agency-wide, get-together event, which involves food, crafts, social activities, and a meeting of the Cutting Edge Committee, approximately, every other month.*
- *For the second consecutive year, Makor organized a special retreat for its participants over the extended Labor Day weekend, held on the grounds of a summer camp in South Fallsburg, NY. The retreat, titled "Camp Makor," was attended by over 100 individuals from Makor's residences and other programs, along with 80 staff members and administrators. The event took place at Camp Negilah, a wheelchair-accessible summer camp that was unoccupied following the end of the camp season. Makor staff developed a program modeled after a traditional summer camp, featuring swimming, sports, professional entertainment, music, crafts, religious observances, games, contests, and*

★★★★★

more. Significant time and effort were invested in designing the program to ensure broad appeal and maximum inclusivity. Special attention was given to addressing the diverse needs and interests of participants—young and old, ambulatory and non-ambulatory, men and women, individuals with varying levels of functioning. When naming the activities, careful consideration was given to participants' sensitivities to avoid any perception of age-inappropriateness, oversimplification, or lack of engagement. The experience was widely regarded as memorable, and a similar event is planned for the coming year.

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 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 continued to maintain regular contact with residence managers to discuss plans for promoting appropriate cultural observances for major holidays within each residence. In cases of hardship, Mr. Weinstein arranged accommodation to enable individuals and staff to observe important religious practices. For example, for Rosh Hashanah, in residences with homebound participants, he coordinated for someone to visit and sound the Shofar. Similarly, for Purim, he arranged for someone to read the Megillah at the residence. He also assisted residences in obtaining Lulav and Esrog sets for general use and for individuals who expressed interest in participating.*

★★★★★

Empowerment Through Learning Initiative

- **Time Frame:** Started in 12/2000 and is continuing
- **Check Point:** Annually
- **Responsibility:** Training Coordinator, Communication Director
- **Description:** This initiative began by offering staff enhancement training, and was eventually merged with other initiatives, i.e., 633.8 required training, Choking Prevention Initiative, agency policy requiring staff learning individuals' health and safety needs prior to starting work, implementation of an on-line learning platform, implementation of ADM 2014-03, DSP Core Competencies, and offering information and outreach to the general public.

Progress:

The Agency's systems facilitating and monitoring staff training have continued, namely, as part of QA's routine self-survey process, QA checks required training for all staff. For those subjects that are taken on-line via ProProfs, QA checks user data reports generated by Jordan Fabian. For those subjects that require in-person participation, because they are site specific, or hands-on in nature, or require training by a clinician, QA checks attendance records. Jordan Fabian, as Training Director, maintains and monitors the Agency's on-line learning platform with ProProfs. Jordan monitors the use of the training platform by staff to keep up with their mandated training requirements and generates quarterly reports showing what percentage of the assigned courses have been completed by each residence, and the results are reviewed with each residence manager. Jordan updates the material on ProProfs on an ongoing basis, and searches for new training subjects. Jordan Fabian noted some highlights in 2024:

- *Compliance with annual refresher training, required by Part 633.8, has continued and increased. Jordan consulted with Makor's Waiver program administrators to devise a more effective compliance system for DSPs to complete their annual refresher training and, as a result, the non site-based Waiver program staff have led the way in boosting overall compliance numbers.*

- *As far as the initial training for DSPs required by 633.8, the Agency continues full compliance since candidates for this position are required (by agency policy) to complete their training requirement via ProProfs prior to employment.*

- *As in previous years, Jordan reviewed and updated the 633.8 required annual refresher curricula material in ProProfs, including the Agency's annual refresher course on CPI Level-1.*

- *Additional courses relevant to the needs of individuals in specific residences were added in ProProfs to address emerging needs which required training in specific areas. The information was made available to all affected staff by uploading it onto ProProfs, enabling staff to review it in accordance with their personal schedules.*

- *Some residence managers asked Jordan to upload their Individuals' health and safety needs training material uploaded to ProProfs to enable their new DSP candidates to view it online (while other managers preferred to review it in-person with new staff).*

★★★★★

- *Jordan added training material to ProProfs for the Human Rights Committee to review annually, based on the requirement of 483.440 (f)(3) – W261. (i.e., annual training on the rights of Individuals, what constitutes a restriction of a right, and the difference between punishment and training).*

Makor / YU College Experience Program

- **Responsibility:** Dr. Stephen Glicksman
- **Started:** Fall 2017
- **Description:** The College Experience Program is a four-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 allow 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:

- *This school year (2024-2025) saw several "firsts". MCE has 20 students enrolled for the 2024-2025 school year, and this year, MCE officially expanded from a 3-year to a 4-year program. MCE has four graduates, the largest numbers of graduates, so far, which means that there will be more openings for the coming school year. Last year, MCE had two graduates.*

- *MCE's morning curriculum continues with Jewish studies, which is consistent with Yeshiva University's morning curriculum, which is a dual trac, i.e., religious studies and secular studies, program. The MCE students learn religious subjects with their rabbi and teacher for the morning period, in the main study hall (Beit Midrash), together with the other university students. Consistent with the Yeshiva University curriculum, MCE offers a supplementary evening Jewish studies program for its students twice per week, and more often, on an individual, voluntary basis.*

- *MCE's weekday afternoon curriculum is divided into three sections, Professionalism, Life Skills, and Liberal Arts, which include a wide range of subjects. The MCE curriculum draws from the PEERS curriculum and MCE's teaching methodology adapts principles from Dialectical Behavior Therapy (DBT). The above is provided within the framework of Day Habilitation during the day and Supplementary Day Habilitation in the afternoon, on the grounds of the campus, followed by Respite.*

- *The MCE participants continued to join with the university students in extracurricular activities, i.e., clubs, lectures, parties, etc. MCE is very well known on campus, and the MCE students are integrated into campus life and welcomed by the university students. Of note: This year, a recent YU graduate, who was familiar with MCE when he was an undergraduate, earned his Yoga instructor certificate and returned to YU to offer Yoga classes to the MCE students. The Yoga classes are specifically for MCE students and take place one evening per week. The Yoga exercises, which include bending, stretching and focusing, complement the mindfulness component of the MCE curriculum. The MCE students' families were informed before they joined the Yoga classes.*

- *One of the MCE students auditioned to perform at the YU Music Club's "Open Mike" night and was accepted. Last year's annual report recounted how another MCE student auditioned and performed for the Music Club. This year's MCE student is a freshman who plays the drums and guitar.*

- *One politically minded MCE student developed and distributed an on-line petition via Change.org, advocating that the online video game, Fortnite, induct people from, "The Daily Wire" as characters in the game—Ben Shapiro, specifically. The individual approached students on campus and obtained well over 100 signatures.*

Organizational Changes Directed Toward Improving and Expanding Services

- **Responsibility:** Tzally Seewald, Chief Executive Officer
- **Started:** 2021
- **Description:** Implementing organizational changes, personnel assignments and infrastructure changes/upgrades, designed to enhance services, provide new services, and reach out to the community, in a manner consistent with the Agency's Mission.

Progress:

- *During the reporting period, Makor underwent key organizational leadership changes, i.e., the appointment of Tzally Seewald as Chief Executive Officer and Elliot Brownstein as Vice President of Operations. In his inaugural message to staff, Mr. Seewald conveyed sincere appreciation for the dedication and commitment demonstrated by team members across all levels of the organization. Mr. Seewald affirmed his leadership approach—grounded in clarity, precision, and humility—and emphasized his commitment to prioritizing the well-being of both staff and the individuals served. Mr. Seewald called upon the Makor team to continue striving for excellence and to uphold the Agency's reputation as a leader in quality care and services.*

- *Makor will add a new position to its administrative organizational structure to be occupied by Neil Weinstein. Neil started with the Agency in 1991 as a part of the SEMP program as a job coach. Eventually he became residence manager and area director. When Managed Care went into effect, Neil worked with ACA during the beginning stages of that agency's development. Neil will be coming back to Makor to fill the new administrative role. There is a need to expand Makor's leadership to help carry the current administrative burden. Neil's new job will not start until April 1,*

★★★★★

2025, but his vision for the role has already taken shape. Neil would like Makor's services to be in line with OPWDD's vision of services in the 21st century. Neil and the agency's leadership envision Makor bringing assistance to families beyond the limits of traditional funding sources. This will require developing alternative funding sources and developing programs to administer them, as well as developing a presence and recognition within new potential service areas. Neil would like to see Makor offering crisis intervention services, as well as services to proactively bring help to families with underlying issues that contribute to crises. Neil also envisions improving quality of care which will require a great deal of evaluating, observing, and connecting with program managers and supervisors, as well as with service recipients. Another way of improving services will be to elevate the level of professionalism by developing and implementing formal policies and procedures for areas of operations where they are currently lacking. Neil and the leadership of Makor want to channel the agency's growth, so that, eventually, the agency can serve as a resource for the greater community.

- *The major focus in 2024 was the opening of Makor's new headquarters and therapeutic center located at 1400 Coney Island Avenue in Brooklyn. The site's recreational facilities (e.g., gym, music room, arts room, computer rooms, large video screen) will benefit many individuals. The facilities will be reserved for the Agency's various programs on a scheduling basis and Makor's Day Hab will make use of the facilities.*

- *On 12/31/24, Makor opened a new 4- bed IRA for women who have aged out of residential schools. The residence is located in Flatbush, Brooklyn, within a vibrant community, offering shopping, parks, a library, a subway station, as well as other means of public transportation. Activities will be planned to access these assets as much as possible. The residence is also equipped for indoor activities, e.g., with tabletop games, craft supplies, a mini trampoline, and a treadmill.*

- *Makor's HR department has invested much time and resources into computerizing intake and hiring, so that applicants can complete most of the process online. For those applicants with weaker computer skills, HR staff are available to assist them in completing the process. Makor's HR department continued rigorous efforts to recruit qualified candidates for employment. Makor's HR recruiter feels that, over the past year, progress has been made in building and improving relationships with several local colleges and universities. In general, Makor's HR recruiter represents Makor at job fairs, college job fairs, job boards and job information sessions. Brenda Bark, HR director, noted progress over the last year. In discussion for the near future there is a proposed effort to collaborate with local politicians in organizing a Makor sponsored job fair.*

- *Makor's Public Relations Department has significantly enhanced its efforts to engage the community through special events and programs. The combined impact of its marketing and outreach initiatives have successfully raised public awareness of Makor's contributions to the community, expanded the reach and effectiveness of its programs, supported caregivers and staff by promoting mental health, preventing burnout, strengthened recruitment efforts, extended outreach and support to families, and secured increased funding through grants and private fundraising, Highlights included: community volunteer efforts by Dayhab participants, outreach to Holocaust survivors, wellness programs for caregivers, outreach and engagement with local officials, organizing large scale entertainment events for*

★★★★★

Chanukah and Purim for staff, their families, individuals, and family members of individuals, grand opening and orientation for staff of new administrative offices, opening of the new women's home IRA, Nurses Week appreciation lunch, and Non-Driver photo ID event, program in the works to aid and support parents of individuals with special needs and disabilities.

- *Makor's non-residential, non-site-based Waiver Services programs, including Community Habilitation (Com Hab) and Self Direction, are managed by a centralized administrative office. As both programs require Electronic Visit Verification (EVV), previous annual reports have detailed Makor's investment in technology to ensure compliance. Beyond meeting basic EVV requirements, Makor has enhanced the system to support Medicaid-mandated daily documentation in electronic format. Plans are underway to expand the system further to assist with completing the required monthly summaries for Waiver services. During the reporting period, staff compliance with electronic documentation for Com Hab and Self Direction has improved. Additionally, the system has been upgraded for Self Direction to display each individual's service usage and remaining resources—information frequently requested between monthly summaries.*

- *Makor's Nursing Director, Brocho Leah Mendelovitz, has led an initiative to implement electronic medication administration records (eMAR) across the agency's residences. Previous reports have documented the progress of this initiative. As of this report, eMAR has been successfully adopted in the East 5th Street and East 8th Street IRAs. Additionally, the new IRA on East 17th Street will launch with electronic medication documentation in place. However, the rollout in other residences has been slower, primarily due to varying levels of staff comfort with the technology.*

- *Makor's commitment to providing a higher standard of medical care for its individuals is led by Director of Nursing, who collaborates closely with her team of nurses to address healthcare challenges through information sharing and resource coordination. Makor's nurses excel at identifying medical specialists and building strong relationships with them, increasing the likelihood that these professionals will accept Makor's individuals as patients. Once such relationships are established, the nurses share their contacts to benefit others across the agency. An additional asset is Makor's working relationship with a physician at Brooklyn Methodist Hospital, who serves as a valuable advocate and information resource when an individual is hospitalized. Another effective tool has been the use of WhatsApp to facilitate real-time communication among residence nurses, management, and staff. Each residence maintains a dedicated group chat to streamline the sharing of important updates and information.*

- *As of this report, enrollment in Makor's Day Habilitation (Day Hab) program has reached 80 participants (excluding those enrolled in the YU Day Hab program), and there has been a steady stream of inquiries from families in the community regarding placement opportunities. As in previous years, activities are guided by participant input. For individuals with limited or no communicative abilities, input is gathered from caregivers who are most familiar with their responses to past activities. Weather permitting, medically frail individuals participate in community outings. During inclement weather, integration activities are held locally or indoors. Outdoor trips and activities are designed to foster meaningful interaction with the broader community. The Day Hab program is well-staffed, allowing for more*

★★★★★

individualized programming. Participants have the flexibility to pursue personal interests, even if it means separating from their assigned groups. Overall, the program supports individuals in achieving their personal goals and aspirations. It is also noteworthy that the program has been effective in supporting individuals with challenging behaviors. The upcoming opening of Makor's new center will significantly enhance the Day Hab experience by providing access to new facilities for swimming, cooking, art, music, and sensory activities. Additionally, Makor is launching a new group within the Day Hab program, specifically designed for younger, higher-functioning individuals. This group will focus on employment preparation, emphasizing the development of soft skills such as workplace etiquette and appropriate behavior. The curriculum will be tailored to align with each participant's vocational interests and will incorporate online courses to build essential pre-employment skills. While this initiative is not intended to duplicate the work of the SEMP program, it aims to equip participants with the foundational skills necessary for future success in SEMP placements.