

2025-2026 Makor/WLCR
Agency-Wide
Quality of Life, Valued Outcome Assessment, and Residence Council
Meeting Review

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May 2026

Part One: Makor/WLCR 2025-2026 Agency-Wide Quality of Life Review

As per the directive of OPWDD, in 2016 Makor/WLCR adopted the CQL POMS as a measure of Quality of Life. This replaced the Quality of Life Instrument Package for Adults with Developmental Disabilities published by the Centre for Health Promotion at the University of Toronto, which Makor/WLCR had been using as a Quality of Life measure since 2005. Results from the CQL POMS are used to develop individualized goals and objectives.

Despite the use of the CQL POMS to better align with OPWDD preferences and survey measures, there are aspects of the Toronto Instrument that Makor/WLCR finds extraordinarily useful and which are lacking in the CQL POMS. Most notably, the CQL POMS only measures the presence or absence of outcomes in each area measured by the tool, and while it is true that personal preference is included in the measure of whether or not an outcome is present, there is no way of knowing how important the outcome is to an individual based solely on the score itself.

For example, in the area of intimate relationships, the presence or absence of the outcome is established via the following method:

- 1) Does the person have intimate relationships?
- 2) Is the person satisfied with the type and scope of intimate relationships?
- 3) If the answers to #1 and #2 are yes, the outcome is present.
- 4) If the answers to #1 and #2 are no, is this due to personal choice?
- 5) If due to personal choice, the outcome is present.

While this methodology does convey in a black or white, dichotomous manner whether or not the person is satisfied with his or her intimate relationship status, a “present” rating tells you nothing about how important this outcome is to the person or how important it is compared to other outcomes measured. If, for example, this person is satisfied with his intimate relationship status but this status is not very important to him, it cannot necessarily be said to be an adequate measure of the person’s Quality of Life. If the person is not happy with her intimate relationship status but is even more dissatisfied with her employment status, then splitting attention and

resources to address both concerns equally based on their equal “not present” ratings may not be truly person centered. Similarly, if a person is 99% satisfied with his intimate relationship but states that he still seeks improvement (“I love my girlfriend, but it upsets me that we only speak eight times a day instead of ten times a day”), this would be rated as equally “not met” on the CQL POMS as someone who is 0% satisfied (i.e. “I wish I had a girlfriend”). Furthermore, when using a simple, dichotomous, present/not present rating system, Makor/WLCR typically achieves a 100% agency-wide satisfaction rate on the CQL POMS with no measure of nuance or basis for comparison across items or time periods and thus no need for improvement noted, and we like to seek improvement.

The Toronto Instrument, however, takes both satisfaction and subjective importance to the individual into account when determining the impact of a given area on one’s Quality of Life. It does this by asking two distinct questions for each area assessed: 1) How important is this aspect of life to the person, and 2) how satisfied is the person with this aspect of his or her life? Responses to these questions are coded using a Likert scale ranging from 1 (very little) to 5 (a lot). By measuring both importance and satisfaction levels, the Toronto Instrument is able to distinguish between a person who reports moderate satisfaction in an area that is less important to him from a person who is equally satisfied in the same area, but who views that area as being more important. When analyzing results of the Toronto Instrument, importance and satisfaction scores are statistically collapsed into Quality of Life Scores, thus allowing areas deemed by individuals as more important to them to be weighted more heavily than areas deemed less important. For example, a person who reported being highly satisfied (a satisfaction score of “5”) in an area deemed by her to be of very little importance (an importance score of “1”) will achieve a Quality of Life Score in that area of “2”, while a person who reported being highly satisfied (a satisfaction score of “5”) in an area deemed as “very important” (an importance score of “5”) will achieve a Quality of Life Score in that area of “10”. Quality of Life Scores thus fall on a theoretical 20 point Likert Scale, with 10 being “Highly Satisfied in an area of great importance to me” and -10 being “Highly unsatisfied in an area of great importance to me”.

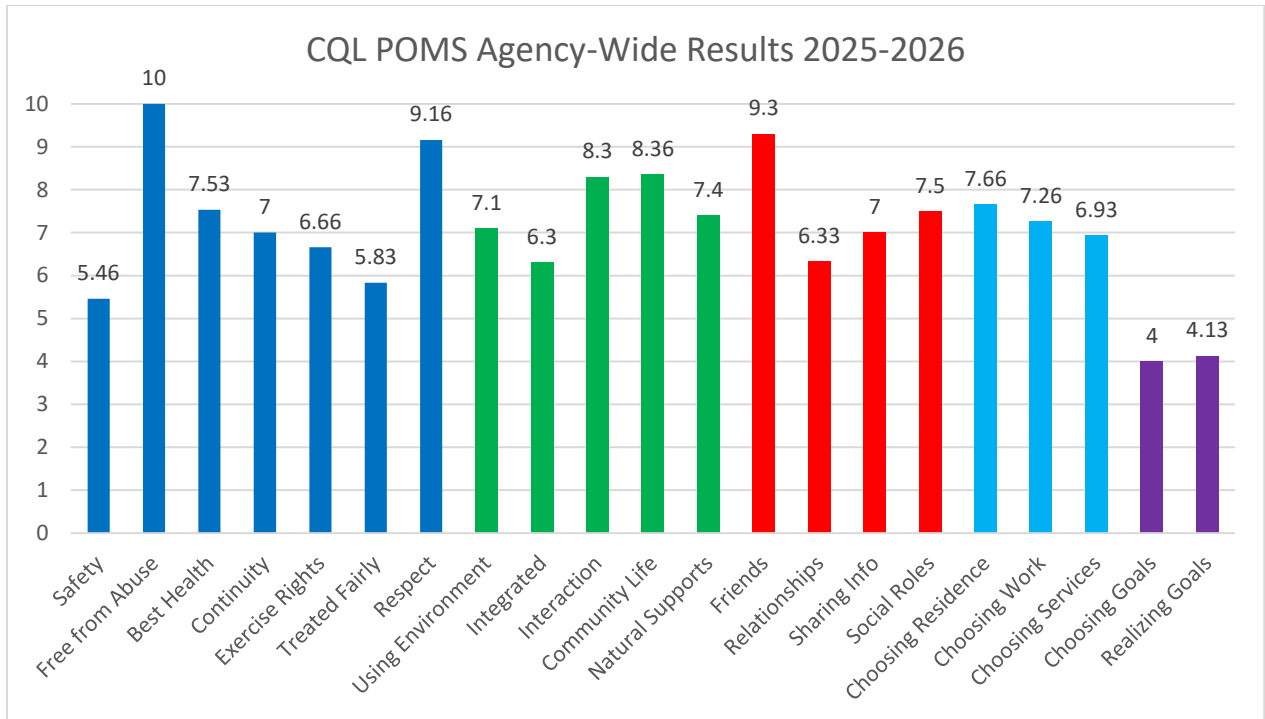
In order to gather data found to be useful to the agency in addressing the needs of our Service Participants while at the same time meeting the instrumental preference of OPWDD, Makor has adopted a hybrid model in our Quality of Life assessments. Namely, in addition to administering

the CQL POMS in the standardized manner the instrument demands, the two additional Toronto Instrument questions (how important is this aspect of life to the person, and how satisfied is the person with this aspect of his or her life) are posed for each personal outcome investigated by the CQL POMS. Makor/WLCR then further groups responses into the following categories: “Highly satisfied” (Quality of Life Scores of 8, 9, or 10); “very satisfied” (Quality of Life Scores of 4, 5, 6, or 7); “satisfied” (Quality of Life Scores of 0, 1, 2, or 3); “unsatisfied” (Quality of Life Scores of -1, -2, or -3); “very unsatisfied” (Quality of Life Scores of -4, -5, -6, or -7); and “highly unsatisfied” (Quality of Life Scores of -8, -9, or -10).

Makor/WLCR has found this information to be extremely valuable in understanding the nuance of specific individuals’ Quality of Life ratings and in using this nuance to establish both individualized and agency-wide objectives.

Results for this survey were derived through CQL POMS reviews covering June of 2025 through May of 2026, while Valued Outcome Assessments and Residential Meeting Minutes (which are discussed later in this report) were based on interviews and meetings from the 2025 calendar year. These results will be used to determine agency-wide areas to target for improvement. Thirty respondents are included in this year’s Quality of Life survey, which is equal to the number of respondents last year. This sample of respondents for the Quality of Life section of this report reflects a sample size of roughly 14% of people being supported by Makor/WLCR’s OPWDD services.

Criteria for assigning importance and satisfaction scores are outlined in the handbook of the Quality of Life Instrument along with the table used to assign Quality of Life Scores. In addition to assessing satisfaction in individual areas, the CQL POMS uses a principal components factor analysis to group its results into five domains: My Human Security (Non-negotiable human and civil rights); My Community (Access to be in, a part of, and included in the community); My Relationships (Social support, familiarity, intimacy, and belonging); My Choices (Decisions about one’s life and community); and My Goals (Dreams and aspirations for the future). This final category consists exclusively of the, “People choose personal goals” and “People realize personal goals” areas. Results of this year’s review are as follows:



Agency-Wide Averages By Domain

My Human Security: 7.37 (down slightly from 7.58)

My Community: 7.49, (up from 6.59)

My Relationships: 7.53 (up from 7.10)

My Choices: 7.28 (up from 6.09)

My Goals: 4.06 (down from 4.58 last year)

2025-2026 CQL POMS Agency-Wide Results by Level of Satisfaction:

Highly Satisfied (QOL Scores of 8, 9, or 10)

People are free from abuse and neglect (10, steady with the past two years data)

People have friends (9.3, up from 8.56 and from 9.08 in 2024)

People are respected (9.16, up from 7.86 and from 8.88 in 2024)

People interact with other members of the community (8.3, up from 7.6 and from 8.23 in 2024)

People participate in the life of the community (8.36, up from 6.53 and from 7.11 in 2024)

Very Satisfied (QOL Scores of 4, 5, 6, or 7)

People are safe (5.46, down from 7.83 and from 8.88 in 2024)

People perform different social roles (7.5, steady with 7.53 and up from 6.58 in 2024)

People exercise rights (6.66, down from 7.2, up from 6.26 in 2024)

People experience continuity and security (7, steady with last year and down from 8.73 in 2024)

People have the best possible health (7.53, up from 6.93, down from 8 in 2024)

People are connected to natural support networks (7.4, up from 6.8 and from 6.82 in 2024)

People have intimate relationships (6.33, down from 6.73 and from 7.5 in 2024)

People choose where they work (7.26, up from 6.43 last year and down from 7.55 in 2024)

People are treated fairly (5.83, down from 6.3 and from 8.47 in 2024)

People choose where and with whom they live (7.26, up from 6.13 last year and down from 7.52 in 2024)

People live in integrated environments (6.36, up from 6.06 and down from 8.47 in 2024)

People use their environments (7.1, up from 5.96 and from 5.76 last year in 2024)

People choose services (6.93, up from 5.73 last year and down from 7.55 in 2024)

People choose personal goals (4, down from 4.63 last year and from 4.38 in 2024)

People decide when to share personal information (7, up from 5.6 and from 5.79 in 2024)

People realize personal goals (4.13, down from 4.53 last year and up from 3.55 in 2024)

Satisfied (QOL Scores of 0, 1, 2, or 3)

None

Unsatisfied (QOL Scores of -1, -2, or -3):

None

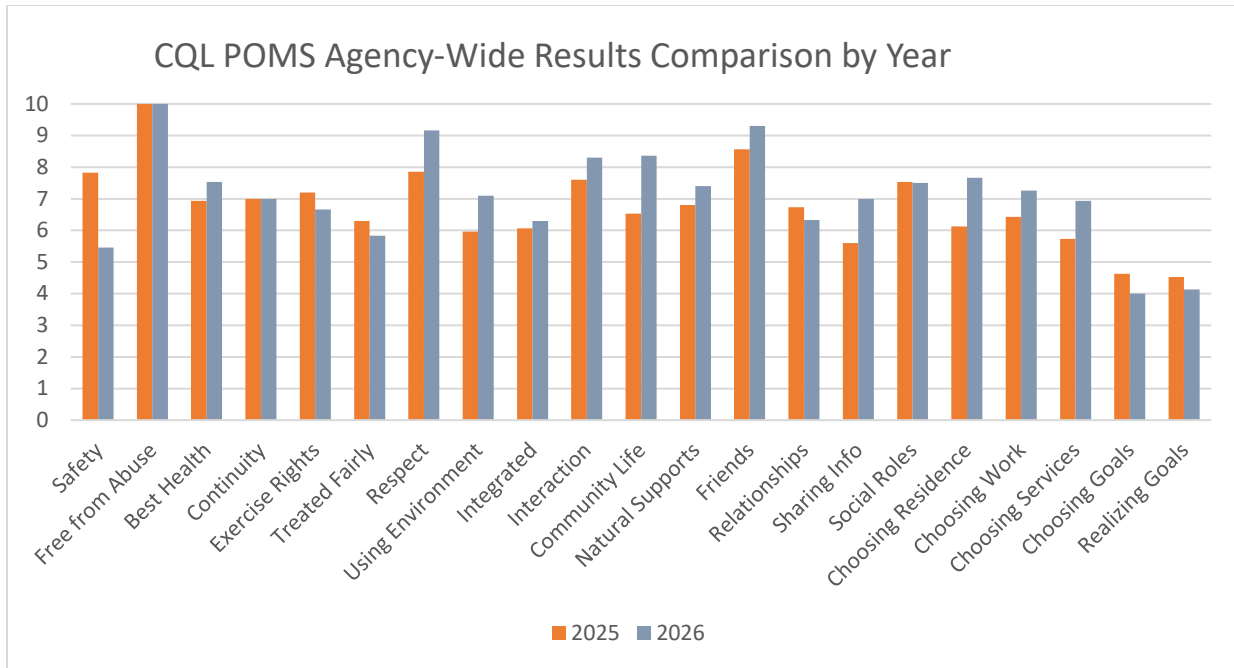
Very Unsatisfied (QOL Scores of -4, -5, -6, or -7):

None

Highly Unsatisfied (QOL Scores of -8, -9, or -10):

None

A graphic version of comparisons of this year's findings to last year's findings for all areas assessed is as follows:



These results indicate an overall 100% satisfaction rate across the agency in all areas assessed by the CQL POMS. Furthermore, these results reflect a sentiment of “very satisfied” or above in all areas, with no areas assessed falling within the merely, “satisfied” range or in any of the “unsatisfied” ranges. This year’s results indicate net increases in satisfaction in three of the five general domains specified by the CQL POMS, namely, My Community; My Relationships; My Choices, all of which actually showed decreases in satisfaction between 2024-2025. The area of Human Security, which also showed a decrease in last year’s survey, decreased slightly from last year to this year (7.37 this year, down from 7.58 last year), while the domain of My Goals decreased from 4.58 last year to 4.06 this year. Despite these decreases, domain averages in both of these areas remain within the “very satisfied” range.

When viewing these results by individual item, these results reflect increased satisfaction as compared to last year’s findings in 12 of the 21 areas assessed by the CQL POMS while overall satisfaction rates went down in 6 of the 21 areas assessed. Three areas assessed, namely, “People are free from abuse and neglect” (which remained steady with a perfect score of 10); “People perform different social roles”; and “People experience continuity and security” remained steady over the year. In addition, three categories increased in satisfaction levels from “Very Satisfied” to “Highly Satisfied”, namely, “People are respected” (9.16, up from 7.86); “People interact with

other members of the community” (8.3, up from 7.6); and. “People participate in the life of the community” (8.36, up from 6.53). Other areas of improvement over last year are, “People have friends” (9.3, up from 8.56); “People have the best possible health” (7.53, up from 6.93); “People are connected to natural support networks” (7.4, up from 6.8); “People choose where they work” (7.26, up from 6.43); “People choose where and with whom they live” (7.26, up from 6.13); “People live in integrated environments” (6.36, up from 6.06); “People use their environments” (7.1, up from 5.96); “People choose services” (6.93, up from 5.73); and “People decide when to share personal information” (7, up from 5.6). Decreased satisfaction rates were observed in the areas of, “People are safe” (5.46, down from 7.83); “People exercise rights” (6.66, down from 7.2); “People have intimate relationships” (6.33, down from 6.73); “People are treated fairly” (5.83, down from 6.3); “People choose personal goals” (4, down from 4.63); and “People realize personal goals” (4.13, down from 4.53). Even in these areas, however, satisfaction rates remain in the “Very Satisfied” range.

All told, of the 630 unique responses to this year’s CQL POMS interviews (n=30 x 21 areas assessed= 630), 629 (99.84%) fell into the binary satisfied range and one (0.15%) fell into the binary unsatisfied range. The single “unsatisfied” response was in the category of “People are treated fairly” (these findings are actually identical to last year’s findings). While only one service participant expressed overall dissatisfaction in this area (i.e. his level of satisfaction led to a negative score), other individuals served by Makor did express chagrin in certain areas regarding treatment they deemed, “unfair”. Many of these grievances (including the one response that led to a “dissatisfied” finding) were related to the effects of aging, including upsettendness expressed about family members dying as well as a decline in physical skills and the subsequent impact those changes have on daily life (such as the ability to work) and independence. Others expressed discontent regarding money issues, such as one individual who was upset that his brother, who is his legal guardian, has control of his money and a few individuals who expressed upsettendness with certain regulatory restrictions such as only allowing a person to have \$2000 in the bank when they would prefer to “save up” for larger expenses such as travel.

Finally, many individuals supported by Makor expressed overall concerns about simply no longer feeling safe in the community. While satisfaction with actual community involvement and

engagement went up significantly this year (“People interact with other members of the community” hitting 8.3, up from 7.6 and from 8.23 in 2024 and, “People participate in the life of the community” hitting 8.36, up from 6.53 and from 7.11 in 2024, both moving from the “Very Satisfied” to the “Highly Satisfied” range), some of this change may be due to people choosing to spend *less* time in the community due to fears of rising Anti-Zionism and Anti-Jewish racism. Multiple individuals explicitly expressed feelings of, “not feeling safe outside” after having seen street protests and other acts of agitation and intimidation targeting them and stories of violence and murder against Jews on the news. This may have led to other findings in this year’s report, including decreased in satisfaction rates in the areas of “People are treated fairly” (5.83, down from 6.3) and, “People exercise rights” (6.66, down from 7.2), as well as positive changes in the areas of, “People have friends” (9.3, up from 8.56) and, “People use their environments” (7.1, up from 5.96) as people prefer to spend more time at home with friends rather than out in an increasingly hostile community.

Even with these challenges, however, the overall agency-wide binary satisfaction level within both the specific and general domains identified in the CQL POMS remains at 100%.

Part Two: Makor/WLCR 2025 Agency-Wide Valued Outcome Assessment

In addition to the Quality of Life Instrument, an assessment of Valued Outcomes was administered to approximately 15% of Service Participants and/or their Advocates (34, up from 27 last year). Valued Outcomes were identified via clinical interviews (the “Valued Outcome Assessment”) conducted with the Service Participants, their families, staff, and Advocates.

A total of 195 Valued Outcomes (up from 147) last year were identified through this process. Of these, 73 (up from 53) were Service Participant Generated Valued Outcomes and 122 (up from 94) were Staff, Advocate, or Family Generated Valued Outcomes. Stated differently, Service Participant Generated Valued Outcomes constituted approximately 37.5% of the total Valued Outcomes identified (generally commensurate with the, 36%, 35% and 37% from the previous three years) while Advocate Generated Valued Outcomes constituted 62.5% (as compared to 64%, 65%, and 63% from the previous three years). Please keep in mind that there is always

likely to always be a higher percentage of Advocate Generated Valued Outcomes than Service Participant Generated Valued Outcomes as each individual Service Participant may have family members as well as staff and other advocates interviewed for this survey. Valued Outcomes were then categorized by theme to provide a comprehensive picture of the types of outcomes given priority by our Service Participants and their Advocates. Results are presented as percentages of each category of Valued Outcome within the total number of Service Participant or Staff/Advocate/Family Member Generated Valued Outcomes. Please note that family generated, advocate generated, and staff generated Valued Outcomes have been collapsed under the heading "Valued Outcomes as per Advocates", and that the total percentages for each column may not add up to 100% due to rounding errors. Also keep in mind that the presence of a Valued Outcome does not necessarily mean that the outcome is not being met, but rather that it is highly valued. So, a person whose Valued Outcome fits into the "Employment" category may be looking for a job or may be very satisfied and want to stay in his job; this analysis simply identifies what individuals and advocates find important and worthy of focus as a means of comparing the wants and foci of each group with each other. Last year's results are documented in parentheses next to this year's results.

Valued Outcomes as per Service

Participants:

Health Issues: 0% (0%)
 Marriage: 2.7% (1.8%)
 General Development/
 Independence: 6.8% (1.8%)
 Academics: 1.3% (0%)
 Social Skills: 1.3% (--)
 Social Opportunities: 6.8% (---)
 Community Participation: 5.4 (0%)
 Spirituality: 5.4% (3.7%)
 Quality of Life: 1.3% (3.7%)
 Employment: 4.1% (7.5%)
 Concrete/Material requests: 2.7% (5.6%)
 Training in Activities

Valued Outcomes as per

Advocates:

Health Issues: 6.5% (8.5%)
 Marriage: 0% (0%)
 General Development/
 Independence: 9.0% (7.4%)
 Academics: 0% (0%)
 Social Skills: 4.9% (---%)
 Social Opportunities: 4.9% (---%)
 Community Participation: 6.5% (2.1%)
 Spirituality: 2.5% (5.3%)
 Quality of Life: 10.6% (8.5%)
 Employment: 2.5% (3.2%)
 Concrete/Material requests: 0% (1%)
 Training in Activities

of Daily Living: 4.1% (9.4%)	of Daily Living: 6.5% (13.8%)
Family Contact: 5.4% (3.7%)	Family Contact: 2.5% (1%)
Travel: 1.3% (0%)	Travel: 0% (0%)
Choice making 0% (0%)	Choice making: 0% (0%)
Privacy: 0% (0%)	Privacy: 0% (0%)
Clinical Services/Issues: 8.2% (9.4%)	Clinical Services/Issues: 23.7% (13.8%)
Hobbies: 26.0% (22.6%)	Hobbies: 9.0% (10.6%)
Recreation: 9.6% (18.8%)	Recreation: 4.0% (9.5%)
Safety/Cared For: 0% (0%)	Safety/Cared For: 1.6% (1%)
Day Program: 2.7% (1.8%)	Day Program: 2.5% (0%)
Owning Home: 0% (0%)	Owning Home: 0% (0%)
Helping Others: 1.3% (0%)	Helping Others: 0.8% (0%)
Staff Attention: 1.3% (3.7%)	Staff Attention: 0.8 (0.0%)
Computer Skills: 1.3% (3.7%)	Computer Skills: 0.8% (1%)

Evaluation and Comparison of Service Participant and Advocate Generated Valued Outcomes:

- 1) With regard to Service Participant Generated Valued Outcomes, the top three categories in this year's survey are Hobbies, which accounts for 26.0% of Valued Outcomes (up from 22.6% last year); Recreation, which accounts for 9.6 % of Valued Outcomes (significantly down from last's year's 18.8%); and Clinical Services/Issues, which accounts for 8.2% of Valued Outcomes (down from 9.4% last year). Taken together, these three categories account for 43.8% of Service Participant Generated Valued Outcomes. It should be noted that, for the first time in our annual survey, the categories of "Social Skills" and "Social Opportunities" were split as it was believed from the interviews that these aspects of socialization were actually two distinct categories; and, for the individuals we serve, this distinction was observed to be true as only 1.3% of Service Participant Generated Valued Outcomes related to socialization focused on social skills while 6.8% of Service Participant Generated Valued Outcomes related to socialization focused on social opportunities. Had we been continuing the practice of collapsing these two categories, however, the total "Social Skills and Opportunities"

category would have accounted for 8.1% of Service Participant Generated Valued Outcomes, generally commensurate with the 8.2% of Service Participant Generated Valued Outcomes related to the category of clinical services/issues.

- 2) The top Advocate Generated Valued Outcome categories are Clinical Services/Issues, which accounts for 23.7% of Valued Outcomes (up from 13.8% last year); Quality of Life, which accounts for 10.6 of Valued Outcomes (up from 8.5% last year); Hobbies, which accounts 9.0% of Valued Outcomes (down from 10.6% last year); and General Development/Independence, which also accounts for 9.0% of Valued Outcomes (up from 7.4% last year). Taken together, these four categories make up 52.3% Advocate Generated Valued Outcomes in this year's survey. Interestingly, the new "Social Skills" and "Social Opportunities" categories used in this year's survey each accounted for 4.9% of Staff Generated Valued Outcomes. This does not mean that there is no distinction between the two, as the topics addressed in each category really do reflect different Valued Outcomes (i.e. "Social Opportunities" focused more on spending more time with friends, while "Social Skills" focused more on enhancing conversation skills or learning how to introduce oneself to others effectively). Had we been continuing the practice of collapsing these two categories, however, the total "Social Skills and Opportunities" category would have accounted for 9.8% of Advocate Generated Valued Outcomes.
- 3) When comparing this year's results with last year's, we find that the top categories raised by Service Participants remained Hobbies and Recreation, indicating that the basic life needs of individuals are generally met and that the individuals we serve are more focused on enhancing specific quality of life/self-actualization priorities. Put another way, and to borrow terminology from Psychologist Abraham Maslow, service participants appear to be focusing (and, thus, appear to be able to focus) primarily on "Growth needs" such as hobbies and recreation vs. "Deficiency needs" such as health issues or clinical services. It is interesting to note that many a larger percentage of advocates continue to express more Valued Outcomes in the general area of "Quality of Life" than do Service Participants (10.6% of Advocate Generated Valued Outcomes vs. only 1.3% of Service Participant Generated Valued Outcomes), while Service Participants focus much more on Hobbies

and Recreation than do their advocates (combined, 35.6% of Service Participant Generated Valued Outcomes vs. 13% of Advocate Generated Valued Outcomes). This may not reflect a disagreement in priorities or a greater emphasis on Deficiency needs than Growth needs; rather, it appears to reflect a lack of specificity in what Advocates see as promoting a more growth-focused Quality of Life. So, while our individuals are more likely to say, “Continuing to watch baseball games with my friends” or “Going to more concerts” would make them happy, Advocates simply state, “I just want my child to be happy”.

- 4) When digging deeper into the both Service Participant and Advocate Generated Valued Outcomes, we find that many of the Valued Outcomes expressed by both individuals and their advocates actually expressed satisfaction in the areas focused upon. So, for example, the 2.7% of Service Participant Generated Valued Outcomes and the 2.5% of Advocate Generated Valued Outcomes regarding Day Program all were based on positive feelings about the individual’s current schedule and the desire to continue in the current day program. The areas of Family Contact, Safety/Cared For; and Staff Attention similarly focused on continuing the current satisfaction in these areas. The exceptions to this positivity were in the areas of Computer Skills, in which one individual and one advocate (interestingly for a different individual) requested a focus on enhancing skills; Academics (for which one individual and no advocates expressed a Valued Outcome focusing on a specific academic skill); Concrete/Material Requests (where two Service Participants and no Advocates asked for specific items); and Marriage (in which one individual and no advocates expressed the desire to get married). Even the areas of Health Issues and Training in Activities of Daily Living included many Valued Outcomes expressing satisfaction and the desired for continued improvement/focus on these areas (e.g. “I like taking part in household chores” or “The nurse is great with taking care of my daughter’s medical needs; I want that to continue”).
- 5) The major exception to this trend appears to be in the area of “Clinical Services/Issues” where a plurality of both individuals and their advocates focused on what can be described as “Deficiency Needs” (i.e. addressing actual current challenges to allow for greater growth). These needs appear to fall into two distinct categories: The first, and

more traditional, category is the addressing of psychiatric diagnoses, with both individuals and advocates expressing sentiments such as, “I want to control my OCD better” or “I wish she didn’t get angry so fast” or developmental challenges, such as “I want him to continue PT to help with his walking”. The second, more recent, and more common category is both individual and advocates expressing overall “anxiety”, whether in those with diagnosed anxiety disorders or those without official diagnoses. This finding mirrors the CQL POMS findings discussed above about many of our individuals seeming to really be touched by fears related to, or caused by, the rising Anti-Zionism and Anti-Jewish racism in the current American climate.

- 6) The top four categories of Advocate Generated Valued Outcomes (General Development/Independence, Quality of Life, Clinical Services/Issues, and Hobbies) while accounting for 52.3% of Valued Outcomes expressed by Advocates, account for 42.3% of Service Participant Generated Valued Outcomes. The greatest divergence between Service Participants and their Advocates in these areas falls in the category of Clinical Services/Issues, which accounts for 23.7% of Advocate Generated Valued Outcomes but only 8.2% of Service Participant Generated Valued Outcomes, and Hobbies which accounts for 26.0% of Service Participant Generated Valued Outcomes but only 9.0% of Advocate Generated Valued Outcomes. The top three categories of Service Participant Generated Valued Outcomes (Hobbies, Recreation, and Clinical Services/Issues) accounts for 43.8% of Service Participant Generated Valued Outcomes but 36.7% of Advocate Generated Valued Outcomes, with the greatest divergence between Service Participants and their Advocates falling in category of Hobbies, which again accounts for 26.0% of Service Participant Generated Valued Outcomes but only 9.0% of Advocate Generated Valued Outcomes.
- 7) As seen in previous years, the categories of owning a home; privacy; and choice making, which are categories often emphasized in rights-based regulations, constituted 0%, 0%, and 0% of both Service Participant and Advocate Generated Valued Outcomes. As noted in previous years’ reports, this may reflect our individuals’ satisfaction in these areas as opposed to their disinterest in them. It also means, however, that from a person-centered

perspective resources spent on documenting or supporting these areas may be more effectively spent elsewhere.

- 8) All told, the overlap between Service Participant and Advocate Generated Valued Outcomes is 57.4%. This is commensurate with last year's overlap of 56.1%.

Sample responses for individual Valued Outcome categories:

General Development/Independence:

This category relates to general statements regarding growth and independence as ideals but not related to specific skills or training.

Sample responses:

"Y.N. would like to be more independent."

"I want to do more things on my own."

Academics:

This category relates to Valued Outcomes regarding formal education and schooling.

Sample responses:

"Improving writing and math skills."

"I want to get my GED."

Social Skills:

This category relates to Valued Outcomes regarding developing specific social skills, such as conversation skills, clarity in communication, and making friends.

Sample Responses:

"I want to learn how to communicate better."

“M.B. will enroll in a social skills class.”

“I want to learn how to make more friends”

Social Opportunities:

This category relates to Valued Outcomes regarding the act or activity of making friends and engaging in social interactions.

Sample Responses:

"I want to meet more people."

“I want her to spend more time with people instead of on her phone”

“I want to have more friends”

Marriage:

This category relates to Valued Outcomes specifically regarding marriage.

Sample Responses:

"I want get married."

"I want to have a boyfriend so that I can get married."

“I want his relationship with his wife to be a happy one for both of them.”

Community Participation:

This category relates to Valued Outcomes regarding involvement in the general community or in community functions.

Sample responses:

"She would like to take part in community functions."

"She would like to go out into the community more."

“He would like to be more involved in the community.”

Spirituality:

This category relates to Valued Outcomes having to do with religious observance, engagement, and spirituality.

Sample responses:

"I want to attend shul (synagogue) more."

"To learn Torah."

"I want to spend more time learning (Jewish texts)."

“I would like to learn to read Hebrew.”

Quality of Life:

This category relates to general statements about overall wellbeing and happiness.

Sample responses:

"To be happy."

“I want to know he is happy.”

Concrete/Material Requests:

This category relates to specific requests for objects not related to travel or hobbies.

Sample responses:

“I want to get the new book by Rabbi Frand.”

“I want a computer.”

“I want a bigger television.”

Travel:

This category relates to specific requests for travel.

Sample responses:

"I want to go to Florida."

"I want to go to a luxury hotel for Pesach (Passover)."

"I want to visit Israel."

Employment:

This category relates to Valued Outcomes having to do with employment and workplace issues.

Sample responses:

"I want a real job instead of going to program."

"I want a different job."

"E.S. would like to have more hours at his job."

"J.W. would like to have part time job as opposed to a full time job."

Training in Activities of Daily Living:

This category relates to Valued Outcomes having to do with the development of specific daily living skills.

Sample responses:

"M.D. needs to learn money management skills."

"S.G. needs to learn to shower daily."

"I would like to learn how to cook my own dinner."

Family Contact:

This category relates to Valued Outcomes involving the development or continuation of contact, or related to the level of contact, with the Service Participant's family of origin.

Sample responses:

“Y.M. would like to continue his warm relationship with his family.”

“D.W. would like her father to be more involved in her daily life.”

“I want to visit my family more.”

“I don’t want to go to my parents for the holidays this year.”

Health Issues:

This category relates to Valued Outcomes having to do with the physical health of the Service Participant, but does not include arranging medical appointments or addressing psychiatric issues.

Sample responses:

"E.C. needs to make better, more nutritious food choices."

"P .L. needs to lower his cholesterol through diet and exercise."

"I could stand to lose some weight."

Clinical Services/Issues

This category relates to the scheduling of medical appointments, addressing psychiatric issues, arranging therapy services, securing funding, and obtaining entitlements.

Sample responses:

“E.L. needs to be enrolled in Medicare.”

“He needs to reduce his anxiety.”

“M.Y. will be less depressed.”

“All appropriate SSI paperwork will be submitted in a timely fashion.”

“She needs to be able to focus better on tasks.”

Choice Making:

This category relates to one’s ability to make choices and be provided with choice-making opportunities.

Sample responses:

“I want to be able to choose the Sunday trip.”

“S.G. should be able to choose her own outfits.”

“I want to pick my own things to decorate my room.”

Privacy:

This category relates to one’s ability to have his or her own “private space”, both literally and figuratively.

Sample responses:

"Sometimes I just want to be by myself."

"I don't always want to be around other people all the time."

“I want my own room.”

Hobbies:

This category deals with training in skills or the provision of opportunities that are not necessarily social or academic, and which do not promote independence.

Sample Responses:

“He’s so musical. I would like Reuven to learn to play guitar.”

“I want more key chains for my key chain collection.”

“I would like to continue playing piano.”

“I like building models with the staff.”

Recreation:

This category deals with the provision of experiences that are not necessarily social or academic, and which do not promote independence. Whereas hobbies (the previous category) discusses desired “activities”, this category discusses desired “experiences”.

Sample Responses:

“I want to go to more museums.”

“I want to go to Great Adventure.”

“I want C.R. to be taken to the park more.”

Safety/Cared for:

This category deals with the basic protection of the Service Participants and the assurance that the Service Participants’ basic needs will continue to be met by the agency.

Sample Responses:

“I want to know that my daughter is safe and well taken care of.”

“I want to know that Makor will always be there for him.”

Day Program:

This category deals with issues and concerns directly related to attendance at a day program or the provision of day program services. Issues such as, “I want him to be happy at program” are

better suited for the “Quality of Life” category, while issues such as, “I want the day program to work on his social skills” are more suited to the “Social Skills” category.

Sample responses:

“I want to switch day programs.”

“I want him to go to a good day program when he graduates from school.”

“I want to know that they will let him stay in his day program.”

NOTE: Similar to last year, in this year’s survey all Valued Outcomes related to day programs were positive, e.g. “I like my day program and want to keep going”.

Staff Attention:

This category deals with issues and concerns directly related to the quality and quantity of individualized attention from staff members.

Sample responses:

“I would like more individual attention from staff.”

“I want staff to spend more time with me.”

“I want Jacob, my favorite counselor, to spend more time with me.”

Computer Skills

Sample response:

"I want to learn how to use a computer."

“He should learn how to use Zoom by himself.”

Part Three: Residence Council Meetings Review

Residence Council Meetings (formerly, “Quarterly Council Meetings” and, before that, “Individual Council Meetings” and, before that, “Consumer Council Meetings”) fulfil a number of roles. First, they formalize service participant involvement in the decision making process. Second, they try to help our Service Participants become less egocentric by providing individuals with the opportunity to discuss issues and desires from a residence perspective (as part of a group) rather than a personal one.

A total of 68 meetings were held between January and December of 2025 in 23 homes. At these meetings, a total of 11 different topic areas were raised. Frequency of topics by percentage as identified by the Makor Quality Assurance Department are as follows (keep in mind that totals may not equal 100% due to rounding errors):

Holiday Planning: 35% (up from 27% last year and remaining in the #1 slot)

Activity Planning: 20.5% (up from 16.5% last year and remaining in the #2 slot)

Doing/Buying Something: 11.3% (up from 10.5% last year, moving from the #4 to the #3 slot)

Community Inclusion/Developing Relationships: 7.3% (up from 2.5% last year)

Health/Safety: 5.8% (down from 8% last year)

Vacation Planning: 4.4% (down from 14% last year)

Family: 4.4% (up from 1.25% last year)

Physical Plant Maintenance: 2.9% (down from 4.5% last year)

Individual Interests/Enjoyment: 2.9% (up from 1.25% last year)

Individual Growth/Development: 2.9% (up from 2.5% last year)

Staff Interactions/Developing Relationships: 1.4% (up from 1.25% last year)

Last year's topics of Food Variety, Home Responsibilities/Chores; and Health/Diet (not to be confused with Health/Safety) were not raised during meetings held over this year. It is also interesting to note that the largest percentage drop in the area of Vacation Planning (from 14% last year to 4.4% this year) as well as the largest percentage increase in the area of Holiday Planning (27% last year to 35% this year) may both have been due to two very popular agency-wide initiatives in these areas. Namely, in the area of holiday planning, the agency-wide "holiday enhancement" program may have led to a greater emphasis on how to elevate these special days for our individuals, while agency-wide recreation outings such as the now-annual Makor Retreat and the renting of vacation homes for summer getaways may have led to, on the one hand, more Service Participant involvement in the area of holiday planning and, on the other hand, less Service Participant involvement in the area of vacation planning. Nevertheless, both of these initiatives have proven to be extremely popular with individuals, staff, and families and may even reflect a degree of normalization in the two areas (i.e., enjoying decorating one's home or developing menus and activities for the holidays while equally enjoying the "all-inclusive" nature of a luxury vacation).

When attempting to map out these findings with the categories used to discuss the Valued Outcomes Assessments, we find the following:

Personal Enjoyment:

QCM Categories: Holiday Planning; Activity Planning; Individual Interests/Enjoyment: 58.4%

VOA Categories: Spirituality; Hobbies; Recreation: 41%

Concrete Requests:

QCM Categories: Doing/Buying Something; Food Variety; Physical Plant Maintenance: 14.6%

VOA Categories: Concrete/Material requests: 2.7%

Health:

QCM Categories: Health/Safety; Health/Diet: 5.8%

VOA Categories: Health Issues: 0%

Activities of Daily Living:

QCM Categories: Home Responsibilities/Chores: 0%

VOA Categories: Training in Activities of Daily Living: 4.1%

Individual Growth and Development:

QCM Categories: Individual Growth/Development: 2.9%

VOA Categories: General Development/Independence: 6.8%

Travel:

QCM Categories: Vacation Planning: 4.4%

VOA Categories: Travel: 1.3%

Family Contact:

QCM Categories: Family Interactions: 4.4%

VOA Categories: Family Contact: 5.4%

Social Skills and Opportunities:

QCM Categories: Developing Relationships- Peers/Staff; Developing Relationships- Community: 8.7%:

VOA Categories: Social Skills; Social Opportunities: 8.1%

Viewed this way, we find a 55% overlap between topics raised during Council Meetings and topics raised as Service Participant Generated Valued Outcomes. While the details of the topics raised differ (as can be expected, as Valued Outcomes specifically emphasize individual

priorities while RCMs emphasize communitarianism) this finding is generally commensurate with last year's overlap of 54.35%. As was true last year, it is interesting to note that the most common topic raised during both the Valued Outcomes Assessments and Residence Council Meetings was in the broader area of personal enjoyment, indicating that much of the Residential Council Meetings focused on the very topics that individuals seem to view as their most important individual Valued Outcomes. While this finding can be viewed as positive, it should nevertheless be viewed in context; as noted, topics discussed during Residence Council Meetings are, in some ways, the exact opposite of the intended focus of Valued Outcome Assessments in that the Valued Outcome Assessments deal with *individualized* wants and concerns while Residence Council Meetings very openly focus on *collective* wants and concerns. Thus, some topics brought up during Valued Outcome Assessments would in fact be pushed aside during Residence Council Meetings (i.e., "That's a personal topic just related to you, so let's talk about that privately later."). Dialectically, Residence Council Meetings may, to a large degree, be viewed as one aspect of the *method for addressing* individual Valued Outcomes as opposed to an additional source of Valued Outcomes. In other words, the reason that personal enjoyment topics were raised so often during Residential Council Meetings may reflect this area's status as the most shared Valued Outcomes among Service Participants. At the same time, the reason why other areas raised during Residence Council Meetings might not be reflected in the Valued Outcome Assessments and vice versa may be because these wants and concerns are, in fact, being addressed either individually or during Residential Council Meetings as appropriate. As such, the particular comparison of Residence Council Meetings and Valued Outcome Assessments, while often enlightening, should be viewed with some element of question.

Nevertheless, Residential Council Meetings remain an important vehicle for giving our Service Participants a voice in how Makor addresses their wants and concerns; formalizes service participant involvement in the decision-making process; and encourages less egocentric and more collectivistic thinking. These meetings therefore remain an important and successful forum for raising topics of subjective value in the lives of the people we support.

Part Four: Recommendations

Follow up on recommendations based on the 2024-2025 findings (last year's findings are presented here in *italics*):

- 1) *All results of this year's Quality of Life and Valued Outcome Assessments should be shared with appropriate agency representatives through discussions at managers' meetings, [Residential] Council Meetings, and Home Staff meetings, and through distribution of this written report.*

Results of last year's assessments were distributed in the ways specified in this recommendation.

- 2) *Focus should be given on enhancing the overall mood of the agency in an effort to improve generalized Quality of Life scores, recognizing that the findings of this year's study remain excellent with scores reflecting satisfaction in the "very satisfied" or "highly satisfied" ranges in all areas assessed by the CQL POMS.*

While this recommendation was addressed through personal interactions and agency-wide initiatives such as the holiday enhancement program, staff "care for the caregiver" activities, and the Thursday night agency-wide M.I.S.H.M.A.R program, the significant rise in anti-Zionism and anti-Jewish racism in the culture appears to have led to an overall angst amongst many Service Participants. We will continue to be mindful of this unfortunate reality and support our individuals and staff during this difficult time.

- 3) *[Residence] Council Meetings should continue to be held.*

This recommendation was implemented (with the change in terminology from "Quarterly Council Meetings" to "Residence Council Meetings"), as evident from this year's report.

- 4) *Use of the Quality of Life and Valued Outcomes measures used in this year's survey should continue.*

This recommendation was implemented, as evident from this year's report.

- 5) *While all measures should continue to be used, comparisons between topics raised in [Residence] Council Meetings and Valued Outcome Assessments should be reconsidered as these measures do, in fact, appear to have different goals that do not necessarily overlap as neatly as such comparisons imply.*

This recommendation was considered, and it was decided to continue detailing the comparisons as we have in the past, with the caveat elucidated in the body of this report.

- 6) *Instead of reviewing Quality of Life scores covering the survey year (June – May), Quality of Life Reviews should cover the calendar year to better align with the other measures used in our annual report. That done, it is recommended that the annual Quality of Life Report be published in February instead of May in the coming year.*

While the Valued Outcomes Assessments and Residence Council Meetings reviewed for this year's study did, indeed, include only those assessments from the 2025 calendar year, the CQL POMS interviews did not follow this schedule. It is therefore recommended that, again, CQL POMS interviews conducted for next year's report be completed by December 31, 2026, with a target date of February 2027 for the completion of next year's Quality of Life Report.

Respectfully Submitted,

Stephen Glicksman, Ph.D.

Director of Innovation

May 25, 2026