Data Quarterly January 2009: Number

CQL's Quality Measures 2005®

The first 100 organizations October 2006 - December 2008

Shared Values

How well do organizations put values into action?

Do organizational values translate into meaningful results?

Where are the gaps between the values we hold (what ought to be) and the current reality (what is)?

Are we walking the walk or just talking?

CQL presents the first in a series of reports on the application of the Quality Measures 2005®.



Shared Values – Where Quality Begins

Organizational values drive organizational behavior. They influence management decisions, organizational priorities

and the character of the workforce. Just as individual behaviors are driven by our personal belief system or values, our collective values guide our organizational behavior and shape our organizational culture. Values are important criteria in making organizational decisions. Most organizational decisions related to budget, human resource or regulatory matters are ultimately decisions about values – they confirm what people and organizations believe is important.

CQL's Shared Values measures are organized in ten factors under three general categories:

Shared Values around People

Dignity and Worth

Legal and Human Rights

Self-Determination and Choice

Shared Values in the Community

Community Settings

Social Capital

Shared Values of the Organization

Community Partnerships

Shared Leadership

Open Communication

Continuous Learning

There are a total of 32 indicators in the Shared Values measures.

Shared Values measures form an essential component of CQL's quality management system. Organizations begin with a self-assessment that reveals strengths, gaps and opportunities for improvement – and provides insight into how well mission, vision and actual practice are in alignment. CQL's onsite process includes focus groups and other meetings, gatherings and visits with people. CQL quality enhancement specialists spend time at locations where people are supported, provide a summary of findings and plan with the organization for next steps.

CQL provides feedback on the organizational status for each indicator, based on the following four levels:

- Action Required Area has not been addressed or needs planning and/or action
- Promising Plans Planning and some action has occurred in this area and success is anticipated
- Notable Progress Planning has occurred, actions have taken place and been evaluated and progress has occurred
- Effective Results Successful results are consistently demonstrated.

The first 100 organizations completing the *Shared Values* assessment represent the full spectrum of service and support providers

- Organizations from 18 U.S. states and Australia and Ireland
- Organizations' sizes range from 5 to over 3,000 people served/supported

On the following page, we present a data summary of the findings concerning Shared Values.

Shared Values- Summary of Findings

(n = 100 organizations)

	Percentage of Organizations at Each Level				
By Factor	Action Required Rating = 1	Promising Plans Rating = 2	Notable Progress Rating = 3	Effective Results Rating = 4	Average Rating (4-pt. scale)
Dignity and Worth	1.0%	17.3%	41.8%	40.0%	3.2
Legal and Human Rights	14.0%	28.3%	30.7%	27.0%	2.8
Self-Determination and Choice	6.3%	43.3%	35.3%	15.0%	2.6
Community Settings	10.3%	35.0%	36.0%	18.7%	2.7
Social Capital	32.0%	43.5%	19.5%	5.0%	2.0
Community Partnerships	20.2%	43.6%	23.8%	12.4%	2.2
Shared Leadership	7.0%	48.5%	32.5%	12.0%	2.5
Continuous Learning	2.5%	27.0%	42.0%	28.5%	2.9
Open Communication	4.3%	24.3%	36.0%	35.5%	3.0
Continuous Improvement	16.8%	37.8%	28.5%	17.0%	2.4
AVERAGE	11.4%	34.9%	32.6%	21.1%	

Overall, most organizations were operating at the level of either Promising Practice (35%) or Notable Progress (33%). 11% were found to be in Need of Action; 21% were achieving Effective Results.

Factors with lowest average rating:

- Social Capital
- Community Partnerships

Factors with the highest average rating:

- Dignity and Worth
- Open Communication

Shared Values Indicators present at the highest levels (top 5) include:

- Each person is inherently valuable.
- People can grow and develop.
- People have the right to life, liberty and human security.
- The organization demonstrates how learning causes change.
- Rights are not curtailed merely because a person has a disability.

Shared Values Indicators least often present (bottom 5) include:

- Quality improvement includes the collection and analysis of data related to quality assurance, quality improvement and quality of Community Life[®].
- Communities promote social capital for all people.
- The organization and civic networks enhance Community Life® for all people.
- The organization defines and exercises its responsibility in building social capital.
- The organization enables people to participate in community development activities.

These findings support those previously reported from CQL's National Personal Outcome Measures® database, which demonstrated that personal outcomes least often present (what we have called "most wanted outcomes") include:

- People live in integrated environments
- People perform different social roles

Regardless of the data collected or the instrument used, we continue to see clear evidence of organizational challenges in the areas of Social Capital and Community Membership for people with disabilities.

CQL is committed to working with organizations and systems to address these challenges, by recognizing the gaps, designing effective strategies and putting *Values into Action*.

CQL - The Database on Quality Measures 2005®

Inspired by a vision of a world of dignity, opportunity, and community inclusion for all people, The Council on Quality and Leadership (CQL) is an international leader in the definition, measurement, and improvement of quality of life for people with disabilities. CQL has demonstrated that valid and reliable quality of life measurement can be incorporated in community-based human services.

In the 1990s, CQL redefined quality as responsiveness to people rather than compliance with standards. After conducting focus groups throughout North America, CQL published the *Personal Outcome Measures*® offering people with disabilities an to opportunity define their own quality of life outcomes and exert choice and self-determination. In 1993, CQL published the *Personal Outcome Measures*® as an alternative to both its traditional quality indicators and assessment methodology. CQL signaled a new era in quality measurement with a re-definition of quality from organizational compliance to responsiveness to people.

At the start of the new century, and after ten years of data gathering and analysis, CQL recognized that personal outcomes are most likely to be realized when people are part of communities of concerned and supporting people. CQL once again shifted its definitions of quality by focusing on the social or community context for the attainment of personal quality of life. The individual focus of person-directed outcomes, self-determination and individual choice requires a social context. The challenge for organizations and support groups is not only to engage in person-directed processes; rather, it is to use the person-directed orientation to build social capital and community connections.

In 2005, CQL published the Quality Measures 2005® as the next evolution in progressive indicators of quality of life and quality in services to people with disabilities.

CQL's *Quality Measures* 2005[®] is a comprehensive resource on multiple dimensions of quality assessment and enhancement. It builds on the foundations of past standards and moves human service providers forward into the current environment. *Quality Measures* 2005[®] contains five sections including: Shared Values, Basic Assurances[®], Responsive Services[®], Personal Outcome Measures[®], and Community Life[®].

This is one of series that reports key findings from the CQL *Quality Measures* 2005® Database. We encourage readers to consider the lessons learned from our data in the movement toward a meaningful quality of life for people with disabilities in community.

To learn more, contact:



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