



The Council on Quality and Leadership

Developing a Framework for Recovery:

***Quality Metrics, Behavioral Health and the
CQL POST app***

A little context...

CEO, Promise Resource Network,

www.promiseresourcenetwork.com, www.nceftac.org

Person in recovery for 27 years

CQL Recovery Consultant for 7 years



There is a great deal of national,
international and local interest regarding the
concept of Recovery.

It is the subject of research, articles, books,
system reform, measurement tools, training,
advocacy efforts and program development.

Recovery and National Reform

The Decade of Recovery- 1990's

Ohio-1993

Wisconsin- 1996

Illinois- 1998

Olmstead - 1999



Community Integration for All

Recovery and National Reform

2001 President Bush's New Freedom Commission

To make comprehensive recommendations, the New Freedom Commission analyzed public along with private mental health systems, visited innovative programs, and met with consumers, families, advocates, providers, researchers and administrators. Feedback was provided from **2,500** people from all 50 states.

2003 ***“Achieving the Promise: Transforming Mental Health Care in America”***

Recovery and National Reform

Conclusion:

- ✓ Recovery is real
- ✓ A fragmented system with inadequate resources thwart recovery
- ✓ An illness based system, breeds illness
- ✓ Research to practice takes 15-20 years!
- ✓ Institutional care must be replaced with efficient, effective community services that focus on Recovery.

The clear recommendation was a fundamental transformation of how mental health care is delivered in America.

Department of Justice



**A Statewide focus on
Olmstead and ADA**

- New Jersey**
- Delaware**
- Georgia**
- North Carolina**
- Kentucky**

Adult Mental Health

Recovery-Oriented System of Care

Services and supports shall be:

- evidence-based meeting fidelity (ACT, Peer Support, IPS)
- housing subsidy and transition supports;
- community-based;
- recovery-oriented;
- flexible and individualized;
- focused on helping individuals increase their ability to recognize and deal with situations that may otherwise result in crises; and
- focused on increasing and strengthening individuals' networks of community and natural supports, as well as their use of these supports for crisis prevention and intervention.



SAMHSA Recovery To Practice Initiative



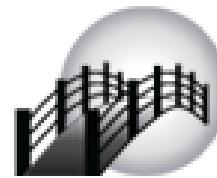
RECOVERY TO PRACTICE
Resources for Behavioral Health Professionals

Focus Areas:

- American Psychiatric Association
- American Psychological Association
- American Psychiatric Nurses Association
- Council on Social Work Education
- National Association of Peer Specialists

Goals:

- hasten awareness, acceptance, and adoption of recovery-based practices, approaches and model in the delivery of mental health services
- Further transform our mental health system to advance personal recovery
- Increase collaboration across disciplines
- Disseminate up to date research on evidence, evidence based and promising practice



RECOVERY TO PRACTICE

Resources for Behavioral Health Professionals

The *Recovery to Practice* initiative includes two complementary components:

- 1) Creating a Recovery Resource Center for mental health professionals complete with Web-based and print materials, training, and technical assistance for professionals engaged in the transformation process; and
- 2) creating and disseminating recovery-oriented training materials for each of the major mental health professions. Through these two major components, the RTP initiative aims to foster a better understanding of recovery, recovery-oriented practices, and the roles of the various professions in promoting recovery.

Organizational and System Recovery involves several different components



What is Recovery?



Personal Accounts of Recovery

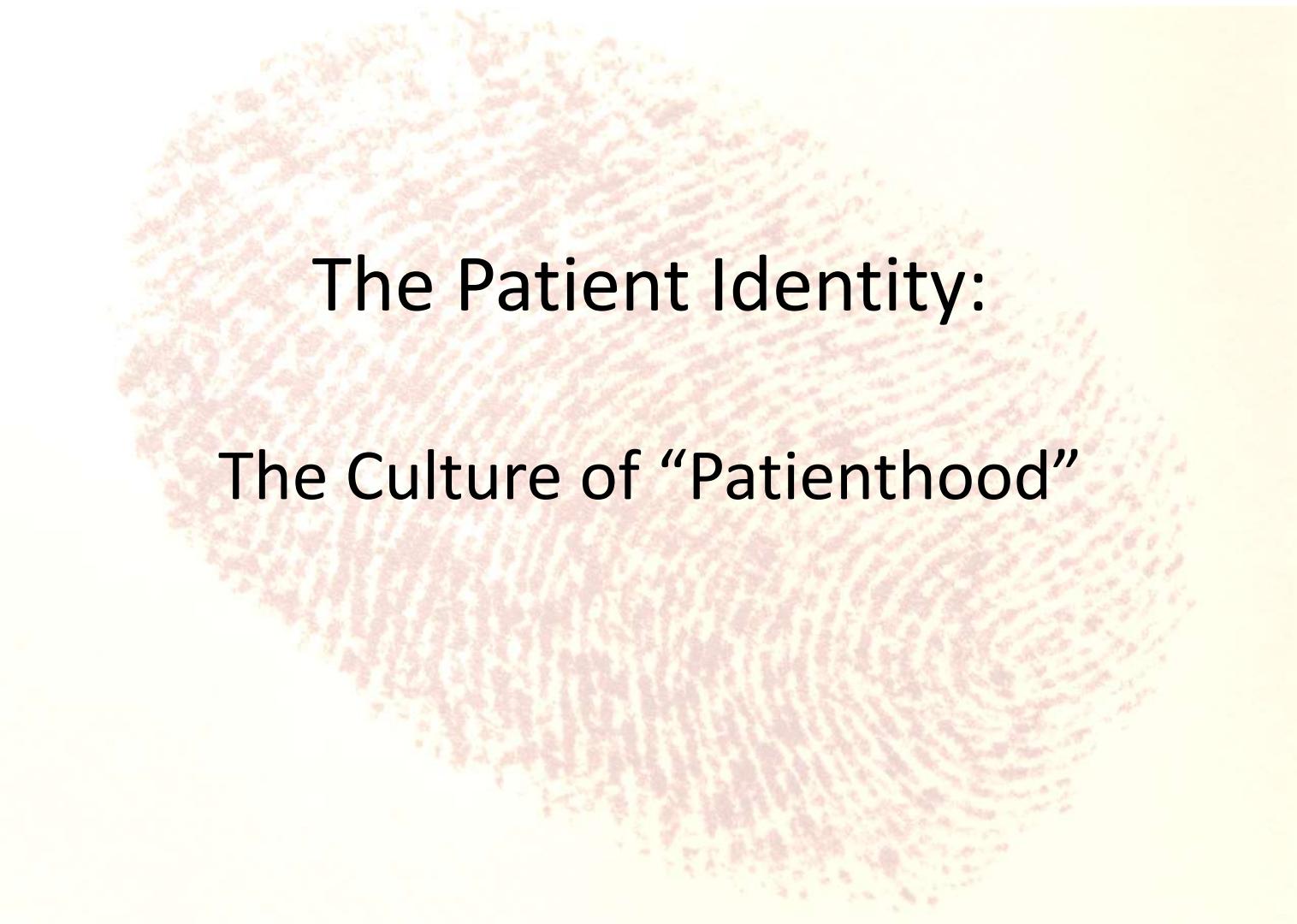
There exists, quite literally, thousands of written, published, and unpublished accounts of people with serious mental illness or severe and persistent mental illness recovering.

These personal stories of Recovery have yielded much information on what Recovery is, how people Recover and ways to support and enhance Recovery.

Recovery Is....

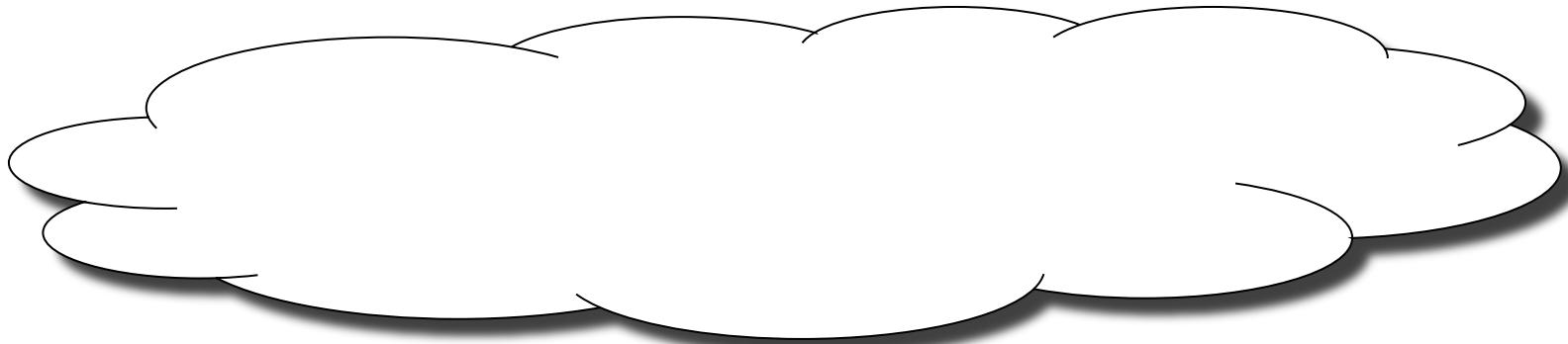
“No longer viewing oneself primarily as a mental patient and reclaiming a positive sense of self”

(Review of Recovery Literature: A Synthesis Sample of Recovery Literature 2000)



The Patient Identity: The Culture of “Patienthood”

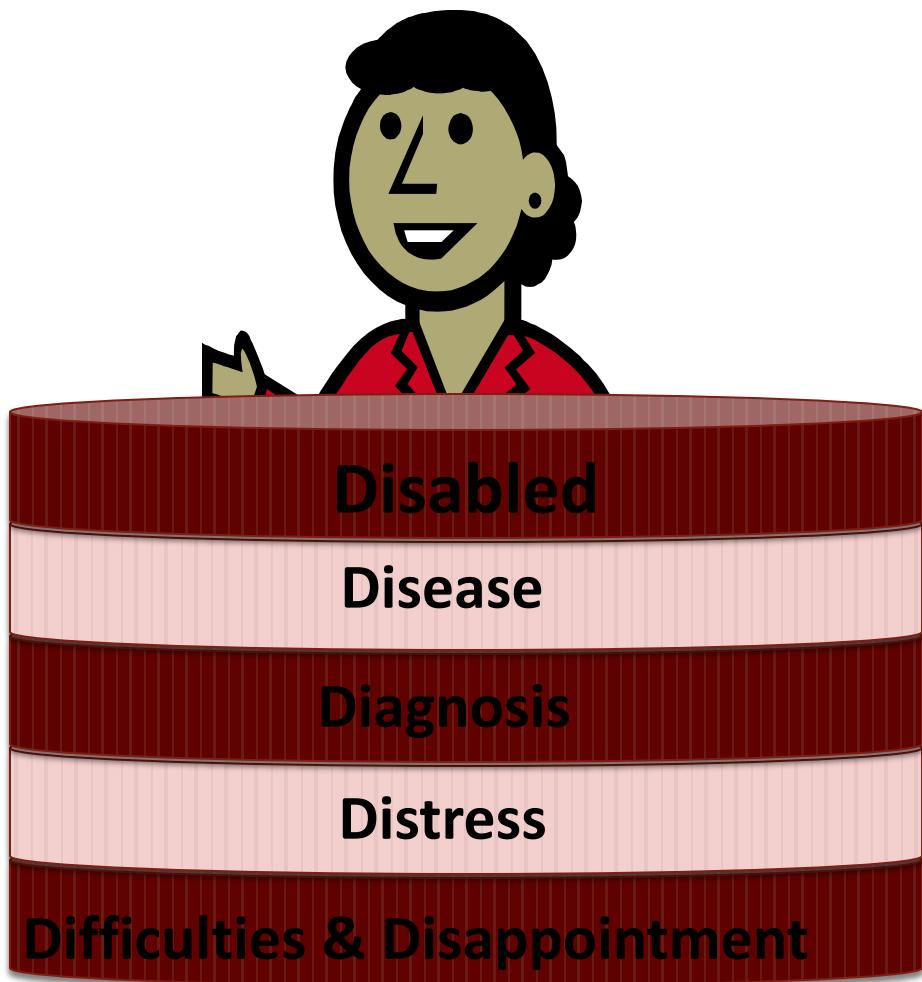
The ‘D’ List



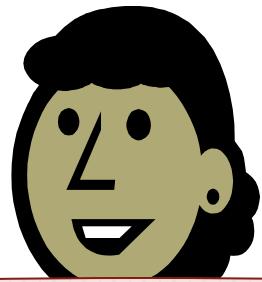


D List

Deficit Based



D List



Disempowered

Disabled

Disease

Diagnosis

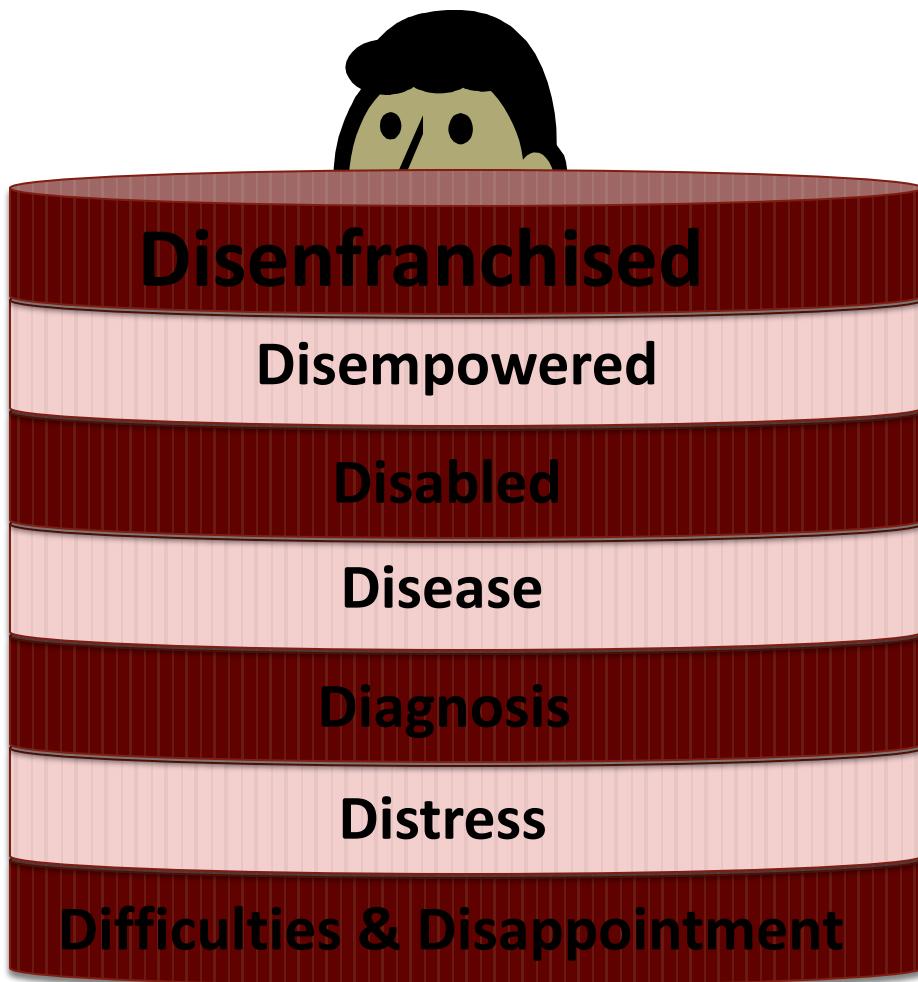
Distress

Difficulties & Disappointment

Deficit Based

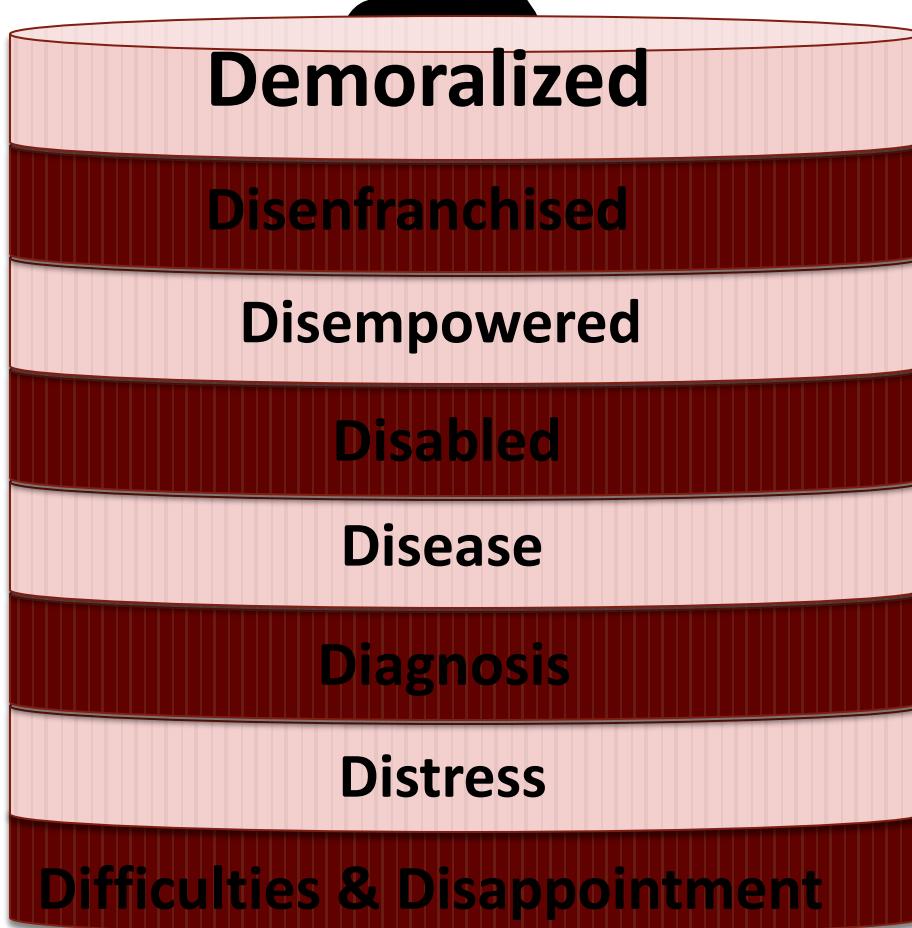
D List

Deficit Based



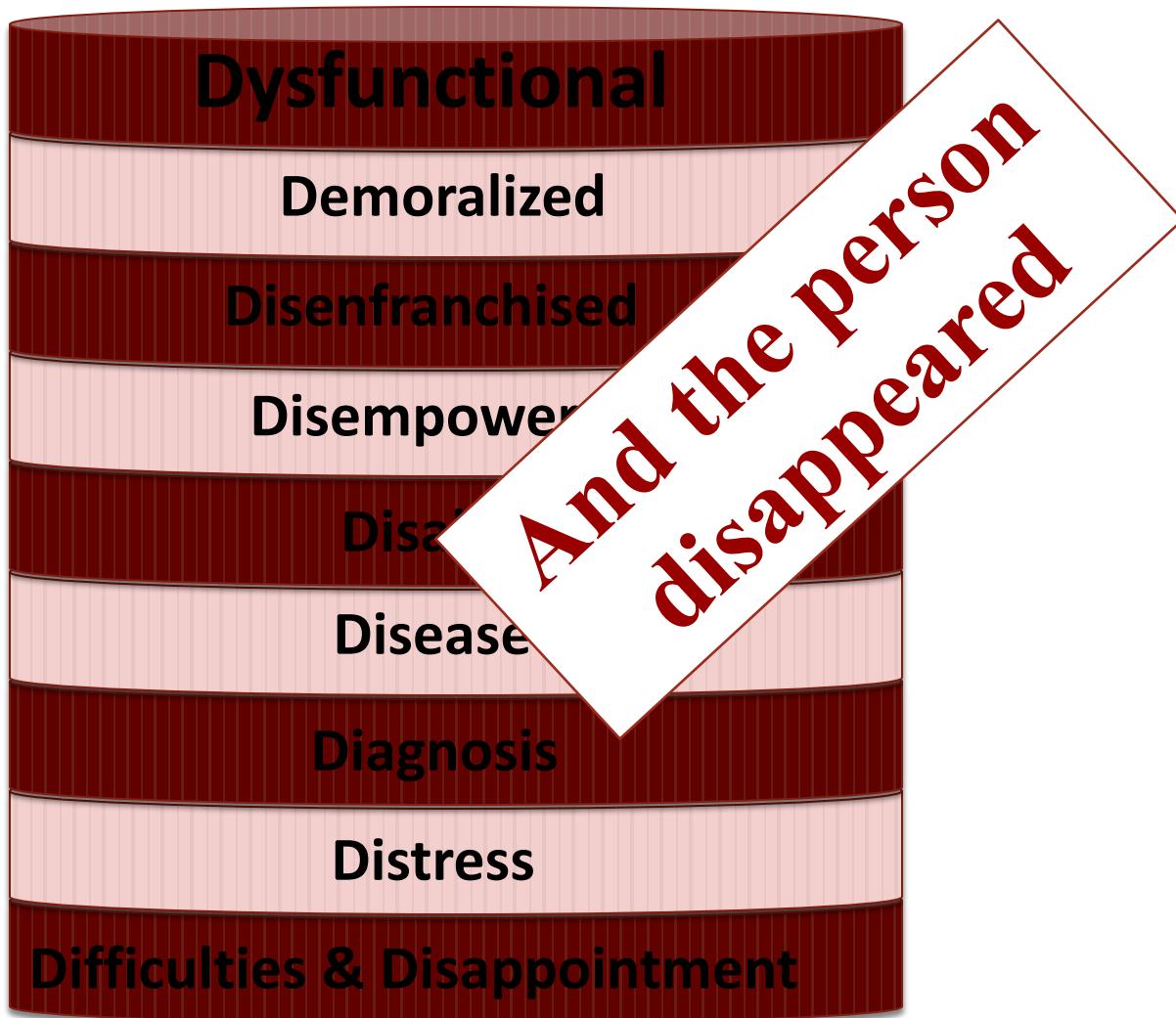
D List

Deficit Based



D List

Deficit Based



These messages are:

Life Altering

Spirit Breaking

Identity Shattering

Hope

Diminishing

Soul Crushing

Impact of “Patienthood”

Seeing yourself as a patient can mean seeing yourself as:

Helpless

In need of others to care for you

Dependent

Unable to make decisions

Broken

Incapable of working

Sick

And what does that do to your self-esteem? How does that affect your confidence, behaviors, thoughts, beliefs?

...and perception becomes
REALITY

Organizational and Systems Recovery is....

Past= Illness; crisis services, inpatient

Present= Stabilization and maintenance; all other services

Future= Recovery; having a high quality of life,
moving beyond the illness/stabilization
cycle and having a life!

Components of the “Medical Model”

- Monitoring Mental Illness
- Low Expectations
- Problem Focused
- Team/MD in control
- Social Isolation
- Lack of User Involvement
- Focus on Medication
- Lack of Privacy
- Dependence
- Safety and Security
- Service for Life
- Hospital Based
- Providers have power
- Low risk tolerance
- Teaches Helplessness
- Call 911 when in Crisis
- Expensive!

“Medical” or “Maintenance” Model

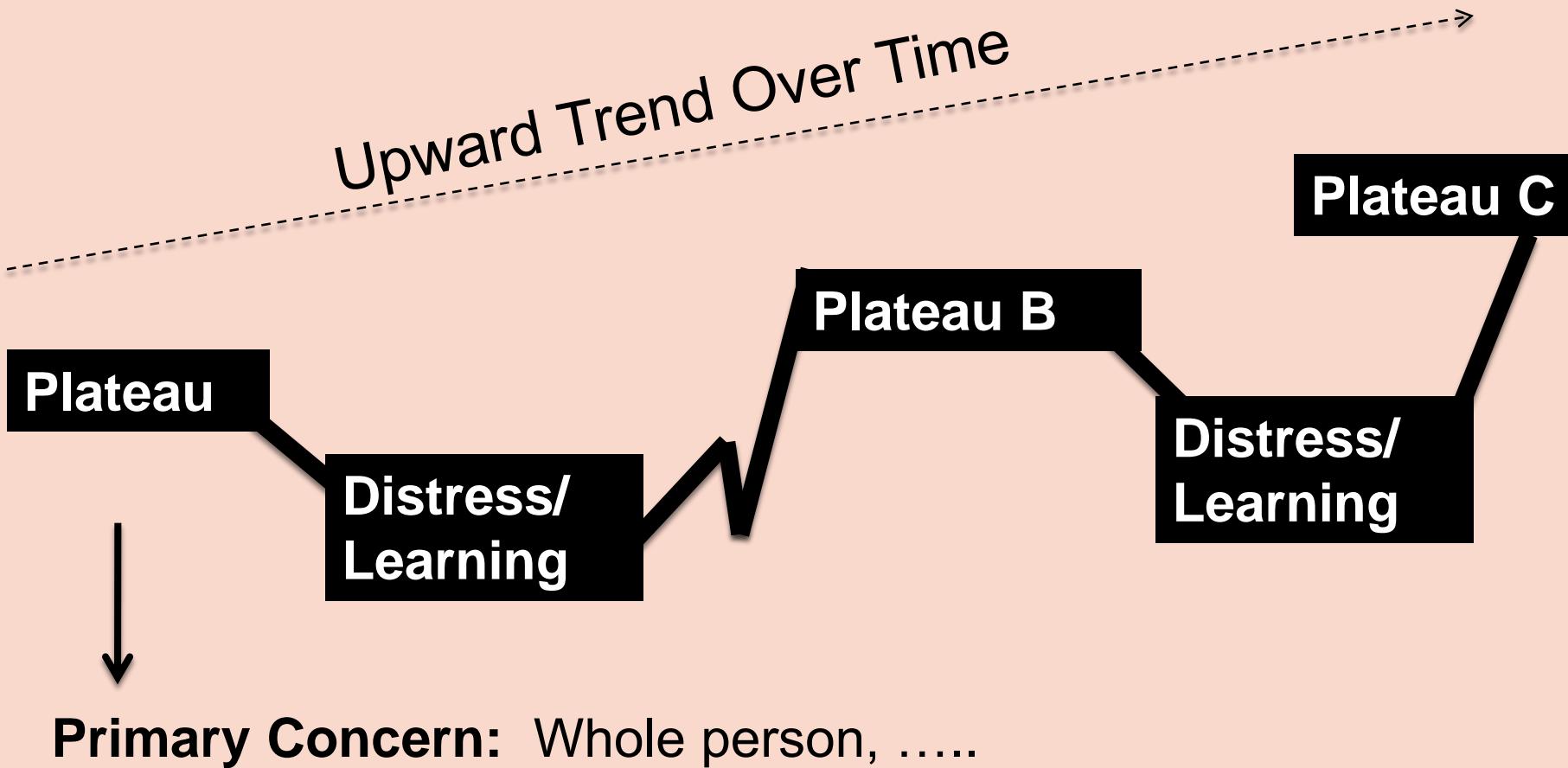


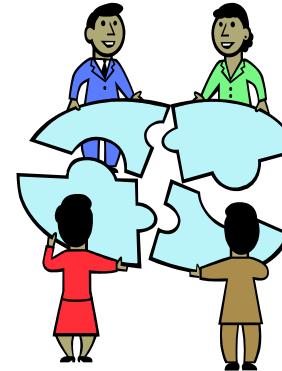
Primary Concern: Symptom reduction, reliance on medication, low-stress to stay stable, no risk.

Recovery Model

- Broadening Mental Health
- High Expectations
- Solution Focused
- Self-Management
- Social Inclusion
- User Partnerships/Alliances
- Focus on Growth
- Sense of Privacy
- Interdependence
- Focus on coping skills
- Risk vs Benefit weighed by person
- Learning self-reliance
- Community Inclusion
- Person is empowered
- Resources in a crisis
- Progressively less costly!

“Recovery” Model





***“Recovery research tells us that,
given the right combination of
attitudes and supports, people can
fully recover from mental illness.”***

-Dan Fisher, MD, Ph.D.
Consumer, Psychiatrist and Advocate

Study	Average Length in Years	Sample Size	Subjects Recovered and/or Improved Significantly
M. Bleuler (1972 a & b) Burgholzli, Zurich	23	208	68%
Huber et al. (1975) Germany	22	502	57%
Ciompi & Muller (1976) Lausanne Investigations	37	289	53%
Tsung et al. (1979) Iowa	35	186	46%
Harding et al. (1987 a & b) Vermont	32	269	68%
Ogawa et al. (1987) Japan	22.5	140	57%
DeSisto et al. (1995 a & b) Maine	(Center for the Study of Issues in Mental Health, 2009)	269	49%



The Good News

Organizations, services, systems and people can **enhance** recovery!!!



The Bad News

Organizations, services, systems and people can **hinder** recovery.

Organizational and System Recovery involves several different components



SAMHSA's Definition of Recovery:

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

4 Dimensions of Recovery

Health
Home
Purpose
Community

8 Dimensions of Wellness

Emotional
Environmental
Financial
Intellectual
Occupational
Physical
Social
Spiritual

The Eight Dimensions of Wellness



Organizational and System Recovery involves several different components



Trauma and MH/SUD

- 90 % of people we serve have experienced TRAUMA!!!
- Shared Decision Making is a tool that can help to diminish re-traumatization via institutional trauma

Shared Decision Making and Medication Management in the Recovery Process

Patricia E. Deegan, Ph.D. and Robert E. Drake, M.D.,
Ph.D. Psychiatric Services November 2006

<http://www.patdeegan.com/commonground/research>

Access to EB and Promising Practices

Cognitive behavioral therapy

Dialectical behavioral therapy

Trauma-specific treatment and support

Family Psychoeducation

Supported Housing, Employment and Education

Integrated Dual Disorders Treatment

Individualized Placement and Support

Consumer-run organizations

Assertive Community Treatment

ICCD Clubhouse

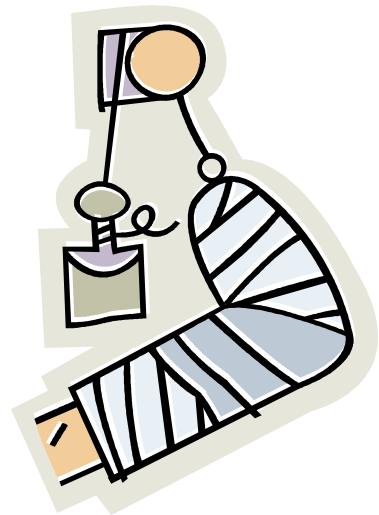
Wellness Management and Recovery

Seeking Safety

Motivational Interviewing

Shared Decision Making

Consumer operated services



Recovery-Based Practices

Person-Driven, Strengths based

Natural support networks

Relationships

Recovery-based Assessments

Holistic- life domains

Family support/education

Culturally competent

Trauma informed

Mental health/substance use/ physical health integration

Eliminating seclusion and restraint

Minimizing coercive interventions

Individualized Crisis Planning

Appropriate and effective use of psychopharmacology

Home rather than housing

Community-based (social capital)

Personal Planning

Employment as a path to recovery

Self-help, mutual aid, peer education

Access to effective interventions

Making the Case for Work

45

What Is...

Vocational
Recovery?

Paths to Vocational
Recovery?

Employment
Rates?

Vocational Recovery



**Unemployment
Rate...**

about **85%**

70%

Say that they **want** to work.

Vocational Recovery means...

...recovering your
meaning, purpose and
identity!

Employment is a PATH to Recovery!

For most people who have experienced emotional distress, employment is part of their recovery.

Employment Works!

Research findings

- significant improvement in social skills after 17 weeks of job placement.
- significant symptom improvement and fewer hospitalizations.
- participants who were in employment after 18 months tended to have
 - lower symptoms (particularly thought disorder) and better self esteem
 - more satisfaction with their finances and vocational services than those who were unemployed.
 - an increase in independence, an improved sense of self worth and an improved family atmosphere.

Employment Myths

... people with mental health and substance use challenges...

1. Do NOT want to work:

unmotivated, working the system, non compliant

2. Are unable to work:

incapable of holding down a job, not intelligent or skilled to have a “regular” job

3. Should not work:

“it’s too stressful!”

Employment Truths

... people with mental health and substance use challenges...

1. Do want to work:

....sometimes just don't know where to start or cannot due to treatment requirements

2. Are able to work:

....as with any one, just getting a job is not enough. You want the right job for you.

3. Should work:

...if you think working is stressful, try unemployment, social isolation and poverty!

The POWER of Peer Support



*“When people do not see
“recovery” as part of their
lives, they need to be
surrounded with possibilities of
recovery.”*

(Building a Foundation for Recovery: A Community Education Guide on Establishing Medicaid-Funded Peer Support Services and a Trained Peer Workforce. DHHS Pub. No. (SMA) 05-8089. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.)

A Person Fell in a Hole

A person experiencing emotional distress fell into a hole and couldn't get out. A businessman went by. The person in the hole called out for help. The businessman threw him some money and told him, "Get yourself a ladder." But the person could not get out of this hole he was in.

A doctor walked by. The person said, "Help, I can't get out." The doctor gave him drugs. "Take this, it will relieve the pain," The person in the hole said thanks, but when the pills wore off, he was still stuck down there, all alone.

A renowned psychiatrist rode by and heard the person's cries for help. He stooped and asked, "Did you fall in this hole? Did you jump in? Did someone push you? Did you get there? Were you born there? Were you put there by your parents? Tell me about it." The person in the hole said, "Yes, I did all those things." The psychiatrist said, "I'll tell you a secret; if you tell me about it, it will alleviate your sense of loneliness." So the person talked with him for fifty minutes. When the psychiatrist finished, he said, "I'll see you next week." Then the psychiatrist had to leave, but he said he'd be back next week. The person thanked him and said, "Thank you." But when the psychiatrist left, the person was still in his hole.

A priest came by. Again, the person in the hole called out for help. The priest gave him a cross and said, "I'll say a prayer for you." He got down on his knees and prayed, then left. The person was grateful; he read the Bible, but he was still stuck in that hole.

A Peer Mentor happened to be passing by. The person cried out, "Hey, help me, I'm stuck in a hole."

Right away, the Peer Mentor jumped in the hole with him. The person in the hole said, "What are you doing? Now we're both stuck here." But the Peer Mentor said, "It's okay, we've been here before, and I know how to get out."

Among the benefits associated with peer support include:

improved self-esteem (Davidson et al., 2004)

increased satisfaction with care (Solomon & Draine, 1995)

improved engagement for traditionally alienated consumers (Rowe et al., 2007)

improved social functioning (Davidson et al., 2004)

increased access to resources and decreased stigma (Mowbray et al., 1998)

greater gain in well being (Campbell, 2004)

increased self-efficacy and enhanced employment (Van Tosh & del Vecchio, 2000).

“creates culture change in every aspect of treatment. They can make recommendations for improving forms and assessments, conduct interviews or do surveys to obtain information regarding consumer satisfaction. Their ability to relate to service recipients creates safety for that person to express themselves, which allows professional staff to devote time in areas where they are more needed. (Paving New Ground, Peers Integrated into In-Patient Settings)

Accountability and Outcomes Begin with Understanding Quality

As systems and organizations evolve to be recovery-oriented, they are grappling with understanding quality.



The Assumptions of Traditional Approaches to Quality

Traditionally, evaluation of quality has focused on:

- Uniformity/Sameness
- Consistency
- Task specialization
- Hierarchy of authority
- Compliance with process

However, a shift is occurring from a process focus to an outcome focus, a product focus to a customer focus

Process vs. Outcome

Focus on program standards	Focus on the person
Service action is based on professional criteria	Service action is based on the person's criteria
Person is assigned to program	Program is designed for the person
Expectations for performance are defined by the program	Expectations for performance are defined by the person

Personal Outcome Measures®

PERSONAL

- The person's own view of his or her life



Service or Program Requirements

OUTCOME

- What's important to the person



What the organization is doing

MEASURES

- Objective determination of whether people are getting what's personally important



Compliance with external standards

**With the transition toward personal outcomes,
organizations are faced with different
expectations....**

Tolerance for ambiguity (living in the grey)

**Less direct control (relinquishing control and
supporting people to take risks)**

**New and better people skills (asking, listening and
negotiating)**

**Change as the constant (continuous growth and
change of people)**

Albrecht and Zemke
Service America (1985)

Personal Outcome Measures®

OUTCOMES: A Matter of Definition



Clinical Outcomes

- Cure and symptom reduction

Functional Outcomes

- Increasing functional status

Personal Outcomes

- Issues that matter most to people in their lives that enhance their health, wellness, quality of life and ultimately, recovery

What Are Personal Outcome Measures (POM's)?

1. POM's are outcomes that are important to people
2. They are inclusive of recovery and “clinical” outcomes but they are not limited to them
4. They are defined by the person, not by clinical assessments, diagnostic labels, treatment providers or regulatory entities
5. Outcomes are not prescriptive, they have no norms, every person is a sample of ONE
6. Personal Outcomes require organizations to listen to and respond to people and design supports around that person, after they understand his/her definition of their own outcomes
7. POM's emphasize rights and responsibilities. Organizations protect and honor people's rights, assist people in exercising their rights while taking

What Are Personal Outcome Measures (POM's)....

They are broken down into 3 areas: “My Self,” “My World” and “My Dreams”. They include all of the recovery dimensions defined by SAMHSA

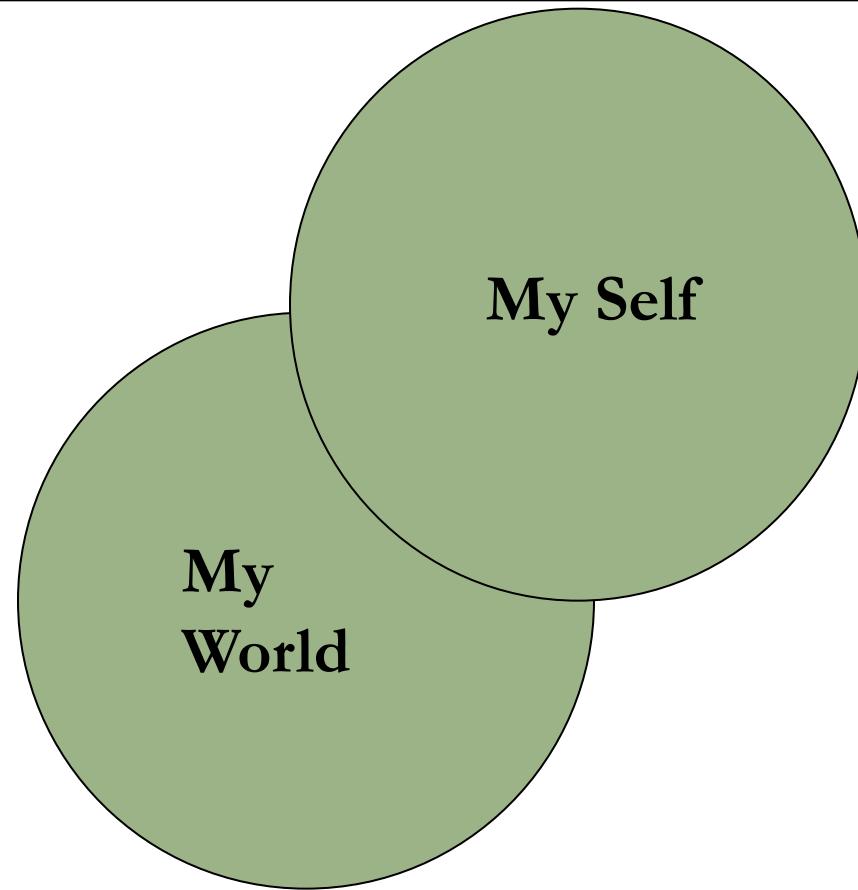


POM:

My Self is the personal, physical and environmental aspects of our lives which enable us to explore tomorrow's possibilities and choices

RECOVERY:

The Recovery Dimensions of Health and Community are synonymous with My Self



POM:

My World is the connectedness that occurs as we discover and react to people, places, choices and opportunities to have a life in the community

RECOVERY:

The recovery dimensions of Home, Purpose and Community are reflected in My World



POM:

My Dreams include the discovery, choice and self-determination to determine how we want our lives (self and world) to be

RECOVERY:

Our personal definitions of recovery and the steps that we decide to take on that journey are examples of My Dreams



My Focus: What is most important to me now

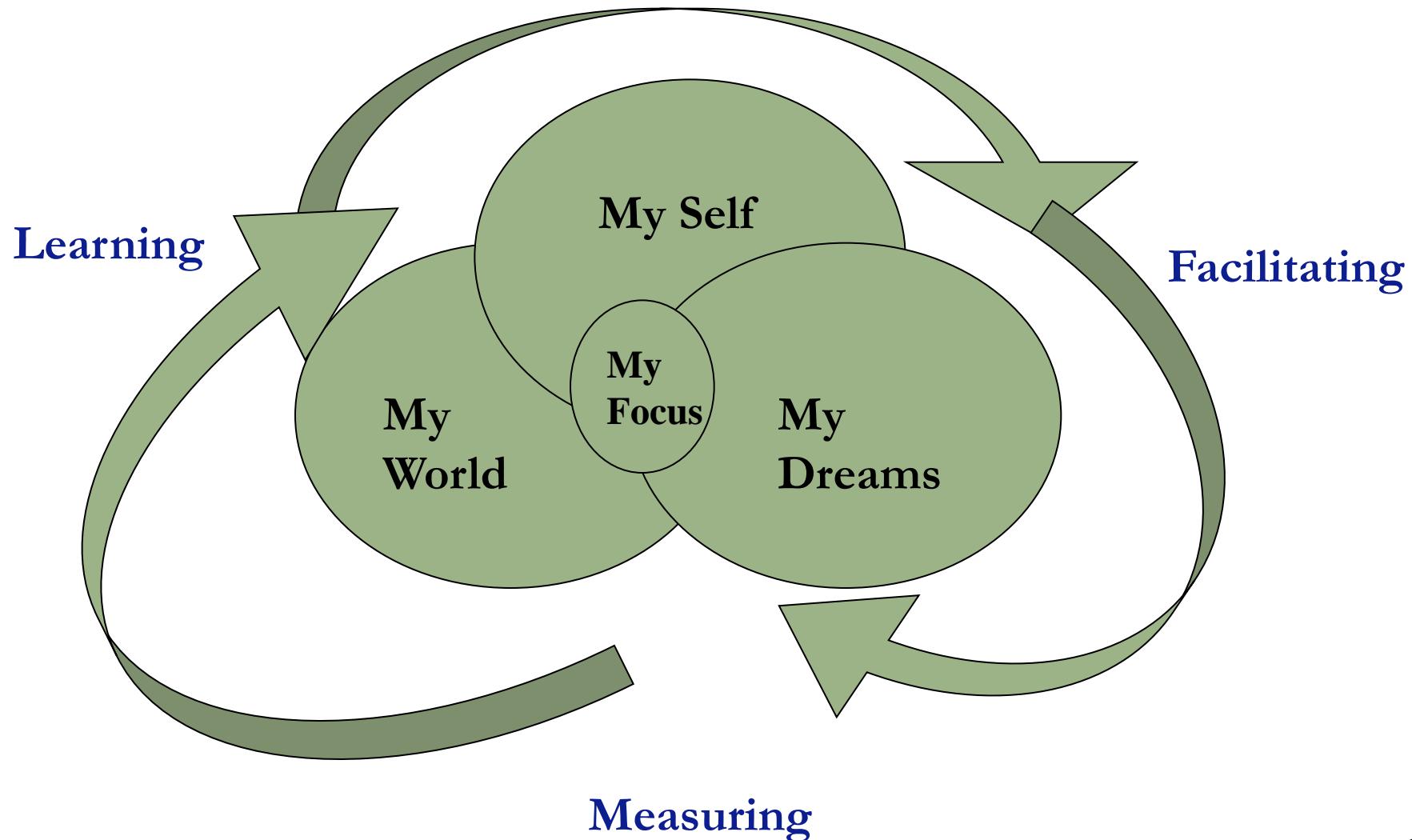


Using Personal Outcome Measures®



Personal Outcome Measures have 3 Components:

Learning, Facilitating, and Measuring



What are organizations....

Learning About?

Quality of Life (i.e. outcomes, recovery definitions, preferences, strengths, hopes, dreams, aspirations) as defined by the person. Share what you have learned with colleagues.

Facilitating?

Quality of Services- Once an organization learns the person's definition of their outcomes, they act upon what they have learned to promote recovery and quality of life through organizing resources and providing supports to facilitate the achievement of the outcomes. These services are not ends in themselves, they are always connected to achievement of the outcomes.

Measuring?

Analyze what you have learned. Have your actions facilitated the desired outcomes for people? CQL has developed a series of questions that follow a logic chain to produce yes/no

responses and guide decisions about the presence of outcomes. From this perspective, the measurement of the outcome defined by the person is a very objective process. (see POM

Quality in Services Focuses on Outcomes and Supports

Outcome for the Person = Quality of Life

Individualized Supports = Quality of Services

POM Uses

Now that you have learned what POM's are, how to gather and score the information, identify the uses of POM data in the context of:

- Planning
- Services
- Organizational change
- Practice change
- Policy shifts
- Strategic planning
- Recovery-oriented services
- Outcome based funding

How Are Personal Outcomes Used?

Personally

1. Aids in self-exploration- where am I now, where do I want to be, what/how will I get there
2. Helps people identify their successes, progress, needs

Planning

1. Serves as a foundation of person-centered planning- exploration of hopes, dreams, aspirations, strengths, needs, etc
2. Enhances goals that are truly personal, creative, not canned (no maintain stability as evidenced by....)

Services

1. Services provided- supports that are offered are based on what's important to the person, what will facilitate their achievement of their outcomes. It changes behavior, changes the culture- how we view people and how support is provided.
2. Focuses on the person- not simply components of the person (i.e. medications), rather on the entire person

How Are Personal Outcomes Used?

Organizationally

1. Organizational development- shift in resource allocation, policy and procedure and paradigm from providing services and programs to supporting people to accomplish their valued outcomes
2. Shifts strategic planning-from processes to outcomes, helps agency recognize areas of skill and plan to improve areas of need
3. Utilize it as a training tool, interviewing and hiring tool
4. Performance management- what are individual programs excelling at and how
5. Helps develop organizational culture by creating shared values and a framework for the organizational philosophy

Systems

1. Changes policies- helps States determine priority areas, gaps, system barriers, strengths and weaknesses of the service array and realign policy and funding
2. Establishes statewide standards for service delivery

Tips



Tools



Learn about recovery by asking people what it means to them

Read about recovery from the perspective of lived experience:

Pat Deegan
Shery Mead
Joseph Rogers
Fred Frese
Mary Ellen Copeland
Larry Fricks
Larry Davidson
Dan Fisher

Be aware of national definitions and models of recovery

Arm yourself with information about the outcome studies on recovery

Personal Outcome Measures- CQL

<http://www.thecouncil.org/personaloutcomemeasuresindex.aspx>

Nat'l Consumer Self-Help Clearinghouse
www.mhselfhelp.org

Nat'l Empowerment Center www.power2u.org
STAR Center
www.consumerstar.org

The Family Café
<http://cafetacenter.net/>

Nat'l Consumer Supporter TAC
www.ncstac.org

Peerlink TA Center <http://www.peerlink.us/Home>

SAMHSA 10 Components of Recovery
SAMHSA 8 Dimensions of Wellness

Jacobson & Greenley (2001). *What is Recovery? A conceptual model and explication*

Vermont study (1987) Japan (1987)
Maine study (1995) Lausanne (1976)

Questions?

Discussion?

ccaraco@promiseresourcenetwork.org

Quality Metrics, Behavioral Health, and the POST

POST | Personal Outcome Screening Tool

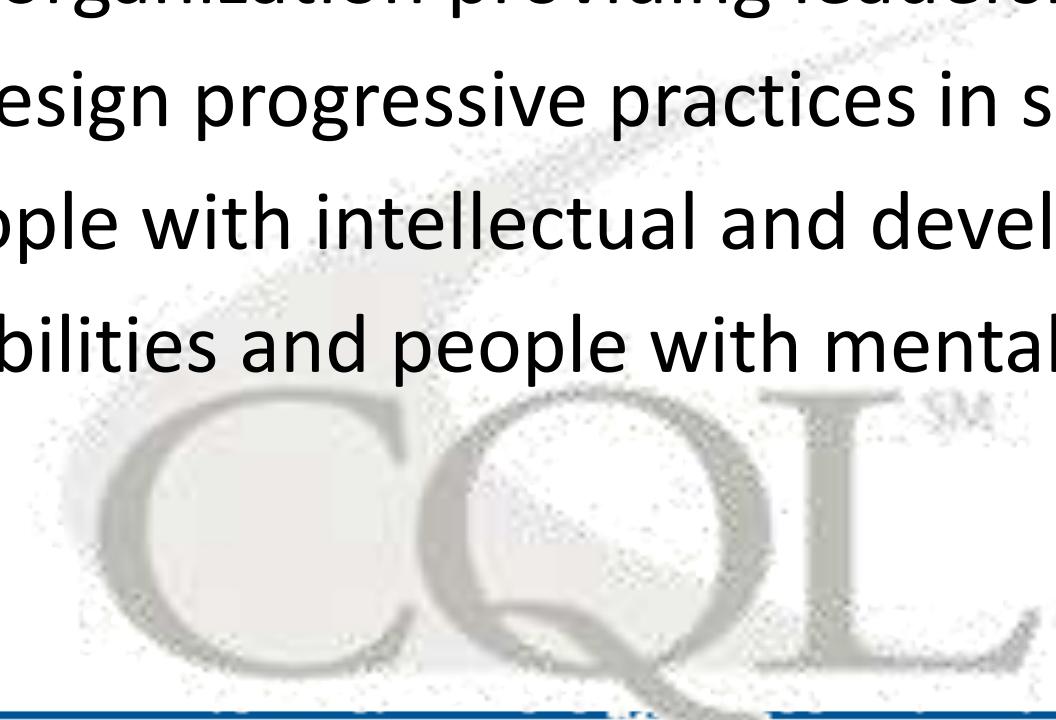


CQL | The Council on
Quality and Leadership

Cathy Yadamec
Director of Training and Certification
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The Council on Quality and Leadership

CQL is an international not-for-profit organization providing leadership to design progressive practices in services for people with intellectual and developmental disabilities and people with mental illness.



Our Vision



A world of dignity, opportunity and community
for all people.

Our Mission

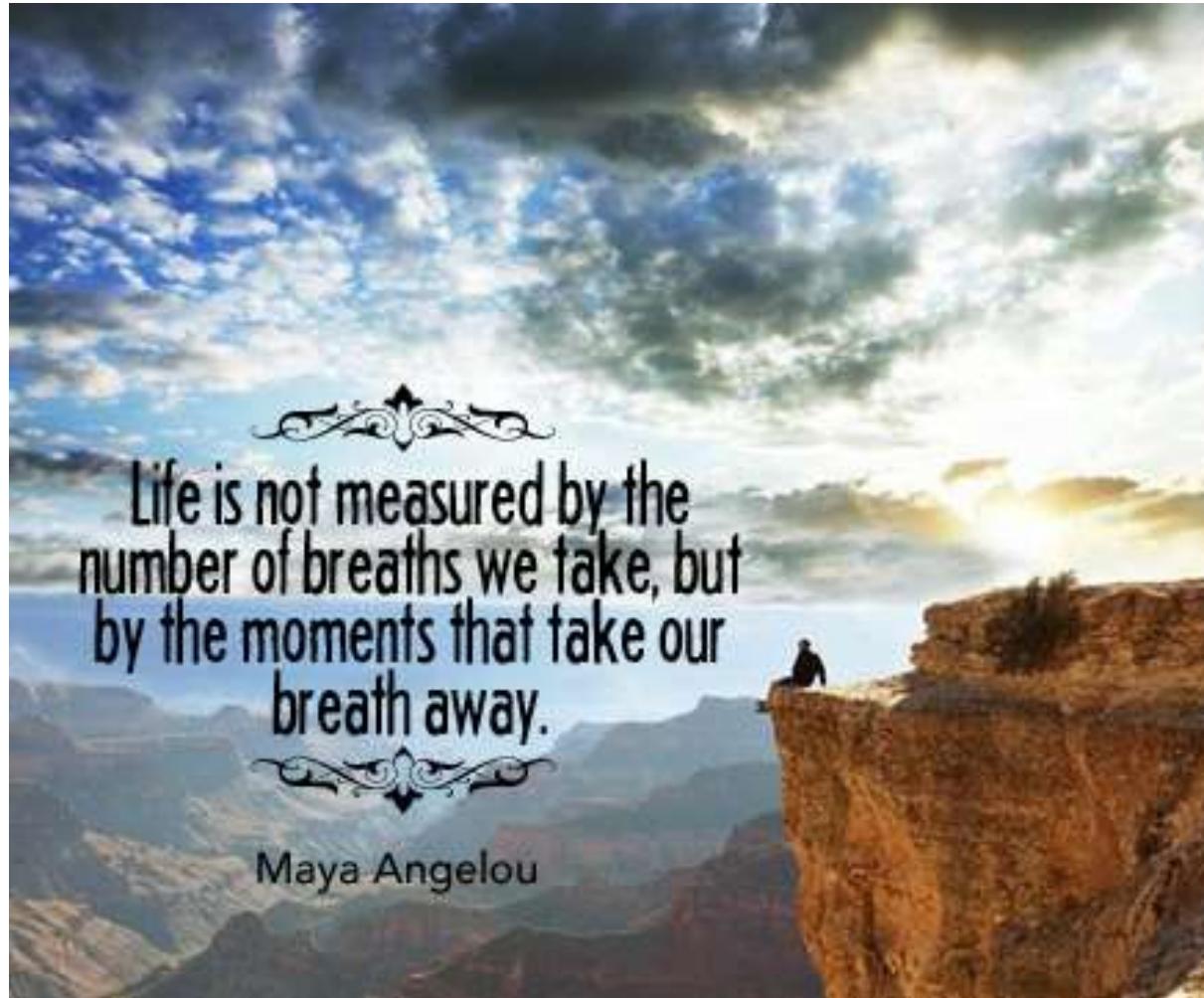


CQL is dedicated to the definition, measurement, and improvement of personal quality of life for people receiving human services and supports.

Definitions of Quality



Quality of Life



Life is not measured by the
number of breaths we take, but
by the moments that take our
breath away.

Maya Angelou

Personal Outcome Measures®

- People define what is most important to them.
- What is important to us can change over time.
- People with disabilities want the same things as people without disabilities.

My Self



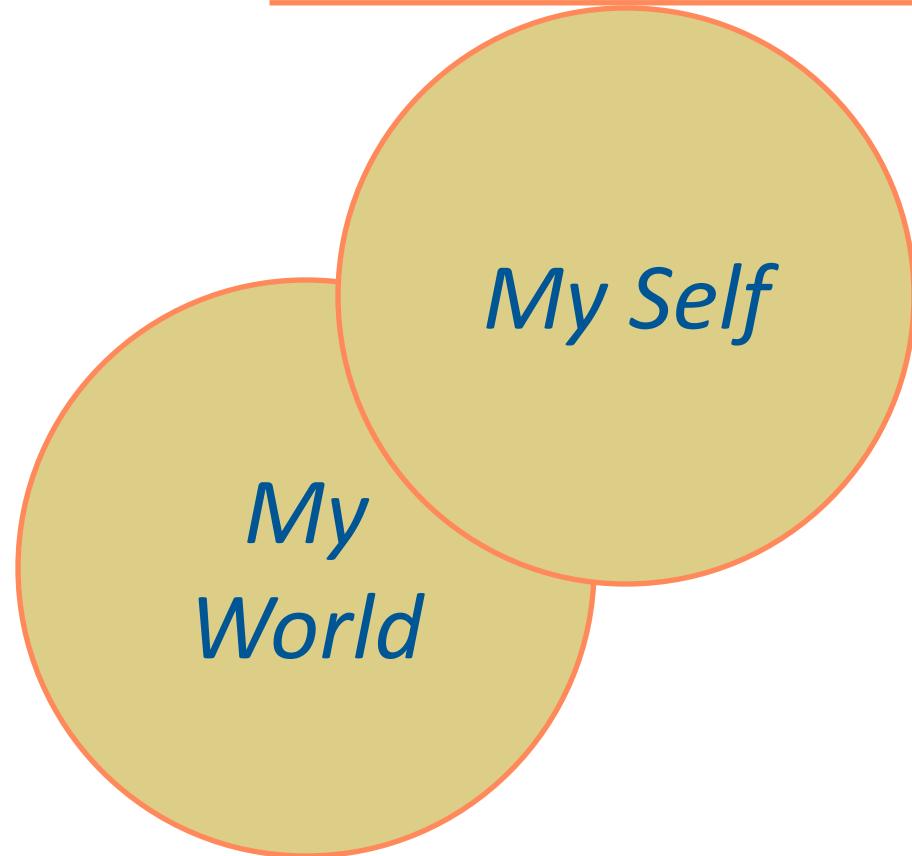
My Self

My Self: Personal, physical and environmental

My Self

- People are connected to natural support networks.
- People have intimate relationships.
- People are safe.
- People have the best possible health.
- People exercise rights.
- People are treated fairly.
- People are free from abuse and neglect.
- People experience continuity and security.
- People decide when to share personal information.

My World



My World: Connectedness and Life in the Community

My World

- People choose where and with whom they live.
- People choose where they work.
- People use their environments.
- People live in integrated environments.
- People interact with other members of the community.
- People perform different social roles.
- People choose services.

My Dreams



My Dreams: Discovery, choice and self-determination

My Dreams

- People choose personal goals.
- People realize personal goals.
- People participate in the life of the community.
- People have friends.
- People are respected.

My Focus



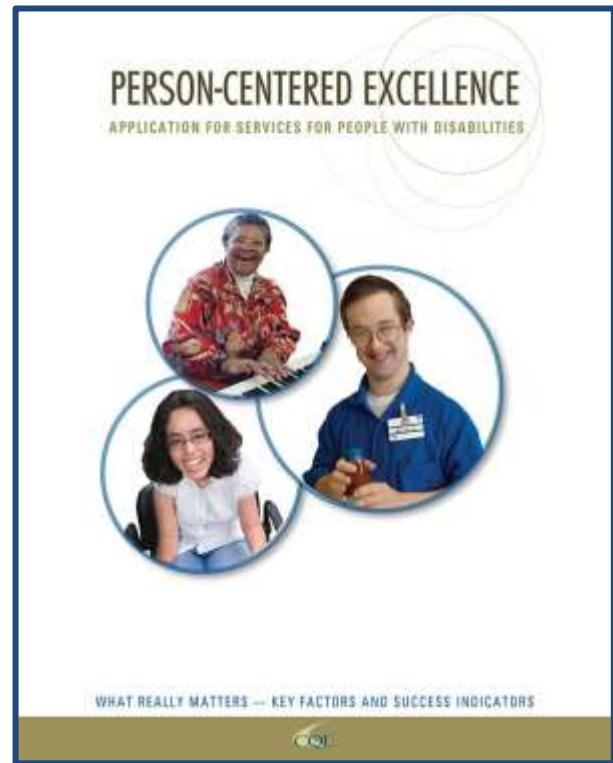
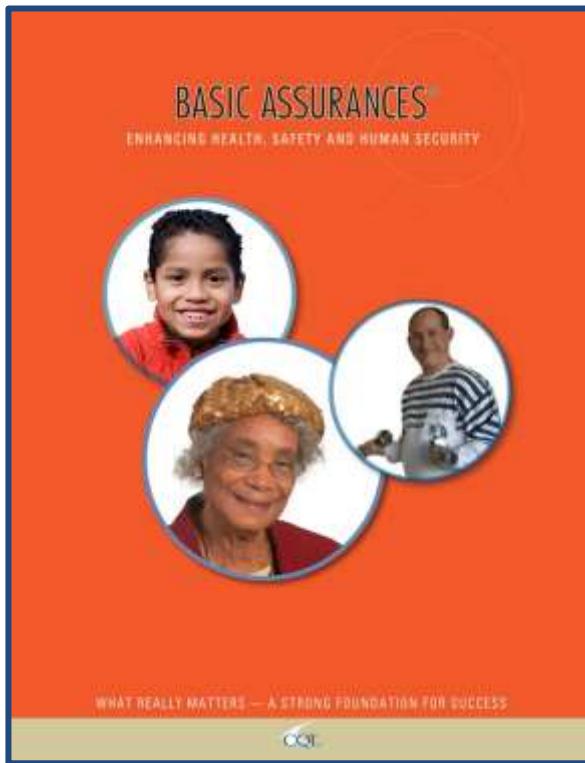
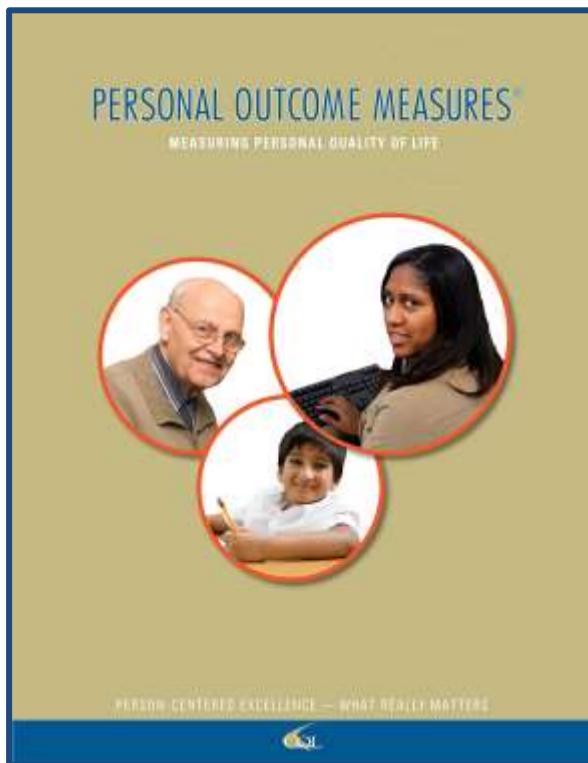
My Focus: What is most important to me now

Quality

The Personal Outcome Measures[®] measure
Quality

- Outcomes for the Person = Quality of Life
- Individualized Supports = Quality of Services

Personal Outcome Measures®



THE DAILY NEWS

www.c-q-l.org

THE WORLD'S FAVOURITE NEWSPAPER

- Since 1974

CQL Introduces 4th Tool ~ POST App



Exciting New Tool To Measure Quality of Life!

May 2015

Cathy Ficker Terrill, Chief Executive Office of CQL | The Council on Quality and Leadership has introduced a new tool to help people think about how things are going and what's important to help supporters identify priorities.

CQL partnered with AbleLink Technologies to create an App for the tool which makes it easy to use.



Personal Outcome Screening Tool



RIGHTS
goals
respect
Services
CHOICE
SELF
community
EMPLOYMENT
NATURAL
SUPPORT
NETWORKS
safety
HEALTH



The POST will quickly determine

- a person's priorities
- and whether or not those priorities are being met.



- Easy-to-understand language
- Images
- Touch screen
- Quick



Results

- Emailed
- Printed

CQL Personal Outcome Screening Tool Results

For: Sample Report
Completed On: 01/20/15 - 01:57 PM

The Personal Outcome Screening Tool (POST) is a screening tool that will determine your personal priorities and how those priorities are being achieved. It helps to identify what you believe is important to you in a number of areas of your life. It is intended to guide you and your supporters to explore your priorities to achieve personal quality of life.

Attainment	Importance	Priority
 This is GOING VERY WELL in your life right now.	 This is VERY IMPORTANT in your life right now.	★★ Most Important or a High Priority for me.
 This is GOING SOMEWHAT WELL OR SO-SO in your life right now.	 This is SOMEWHAT IMPORTANT in your life right now.	★ This is a Priority for me, but not the Most Important.
 This is NOT HAPPENING AT ALL in your life right now.	 This is NOT IMPORTANT Not a Priority for me right now.	

MY SELF

This is about you - your experiences, your friendships, and the decisions you make.

OUTCOME	ATTAINMENT	IMPORTANCE	PRIORITY
Connected to natural supports			
Have intimate relationships			
Are safe			
Have the best possible health			
Exercise rights			
Treated fairly			
Free from abuse and neglect			
Experience community and security			
Decide when to share personal information			

2 Questions

How is it going for
you right now when it
comes to . . .

How Important is it
to you right now, that
you . . .

The POST

4	Choosing the people and services you want to help you, like your doctor, dentist, job coach, direct support staff, therapist, etc.?	Choose the people and services you want to help you like your doctor, dentist, job coach, direct support staff, therapist, etc.?	People choose services.	My World
5	Having the support to help you work on your personal goals?	Have the support to help you work on your personal goals?	People realize personal goals.	My Dreams
Feel Safe and Know what to do in Emergencies				
ATTAINMENT <i>How is it going for you right now, when it comes to ...</i>		IMPORTANCE/PRIORITY <i>How important is it to you right now that you ...</i>	Personal Outcome Measures®	Domain
6	Being safe at home? Being safe at work or wherever you spend your day? Being safe in your neighborhood? Knowing what to do in emergencies?	Feel safe at home? Feel safe at work or wherever you spend your day? Feel safe in your neighborhood? Know what to do in emergencies?	People are safe.	My Self

Attainment

First, we want to find out how things are going in each area of your life right now. When I ask you how things are going, you can tell me:



Importance



Results

CQL Personal Outcome Screening Tool Results

For: Sample Report
Completed On: 01/20/15 - 02:37 PM

The Personal Outcome Screening Tool (POST) is a screening tool that will determine your personal priorities and how those priorities are being achieved. It helps to identify what you believe is important to you in a number of areas of your life. It is intended to guide you and your supporters to explore your priorities to achieve personal quality of life.

Attainment	Importance	Priority
This is GOING VERY WELL in your life right now.	This is VERY IMPORTANT in your life right now.	★★ Most Important or a High Priority for me.
This is WELL OR SO-SO in your life right now.	This is SOMEWHAT IMPORTANT in your life right now.	★ This is a Priority for me, but not the Most Important.
This is NOT HAPPENING AT ALL in your life right now.	This is NOT IMPORTANT in your life right now.	Not a Priority for me right now.

MY SELF

This is about you - your experiences, your friendships, and the decisions you make.

OUTCOME	ATTAINMENT/IMPORTANCE/PRIORITY
Connected to natural supports	★
Have intimate relationships	★★
Are safe	★★★
Have the best possible health	★★★
Exercise rights	★★
Treated fairly	★★
Fees from abuse and neglect	★★
Experience community and security	★★
Decide when to share personal information	★

MY WORLD

This is about your world - where you work, live, socialize and connect with your community.

OUTCOME	ATTAINMENT/IMPORTANCE/PRIORITY
Choose where and with whom to live	★
Choose where they work	★★
Use their environments	★★★
Live in integrated environments	★★★
Interact with other members of the community	★★★
Perform different social roles	★★
People choose services	★★

MY DREAMS

This is about your dreams and how you want your life (and your world around you) to be.

OUTCOME	ATTAINMENT/IMPORTANCE/PRIORITY
Choose personal goals	★
Realize personal goals	★★
Participate in the life of the community	★★★
Have friends	★★
Are respected	★

Recommendation

Talk with people you trust to explore what is working and what is not working and think about ways to improve those outcomes marked with ★★★ or ★★.

Collected in a Cloud

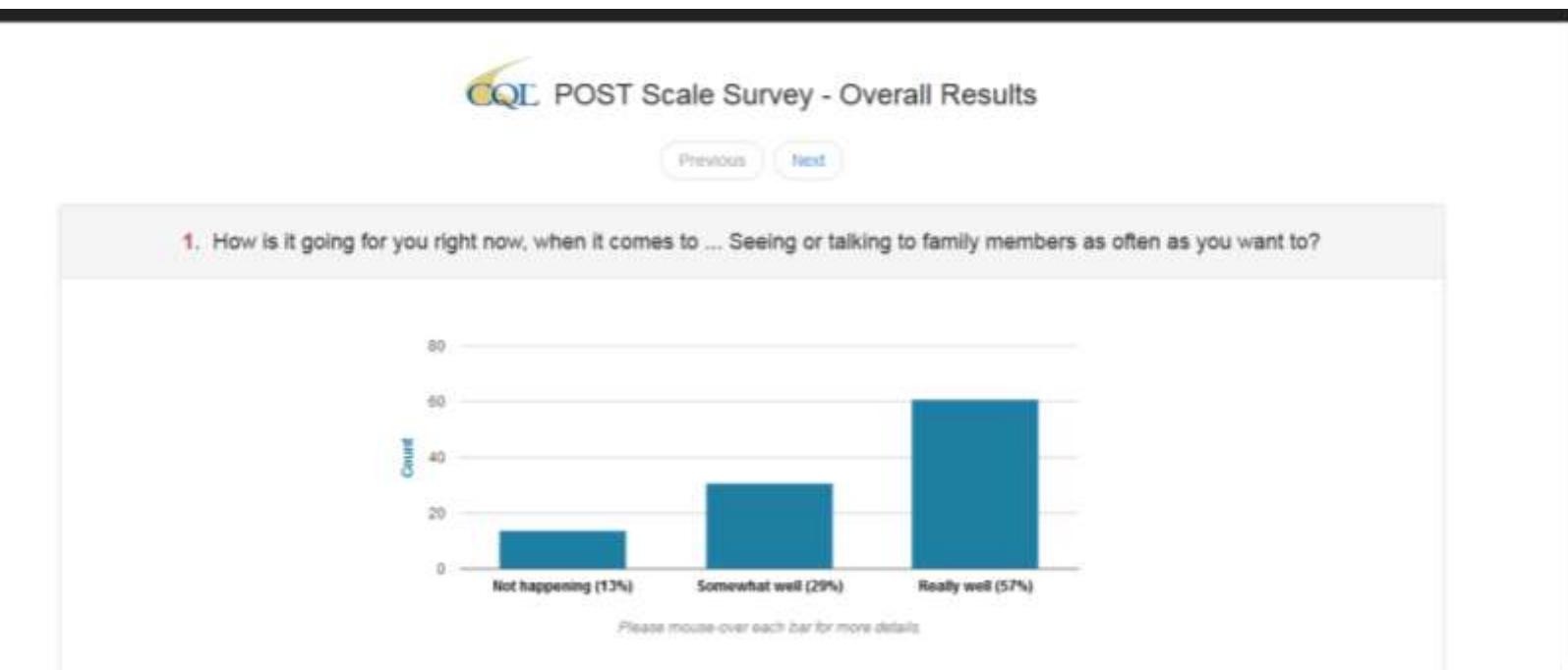


The Council on Quality and Leadership

The following is a list of surveys that are deployed for The Council on Quality and Leadership. To show the entire list for a specific survey, click on the **Show List** link. To download a comma-separated (CSV) file of all the surveys, click on the **Download Raw Data** button. To view a question-by-question live chart of the survey results, click on **Show Results**.

Survey Name	Last Survey Taken	Total Surveys	Aggregate Report
POST Scale Survey	2015-05-27 12:54:42	106 (Show List)	Download Raw Data Show Results

Aggregated Data



Scoring

ATTAINMENT	IMPORTANCE	PRIORITY
👎	👍👍	⭐⭐
👎	👍	⭐
👎	👎	
👍	👍👍	⭐⭐
👍	👍	⭐
👍	👎	
👍👍	👍👍	
👍👍	👍	
👍👍	👎	



The CQL
POST APP

- Identifies how things are going and what's important
- Assesses Quality of Life
- Focuses on Priorities

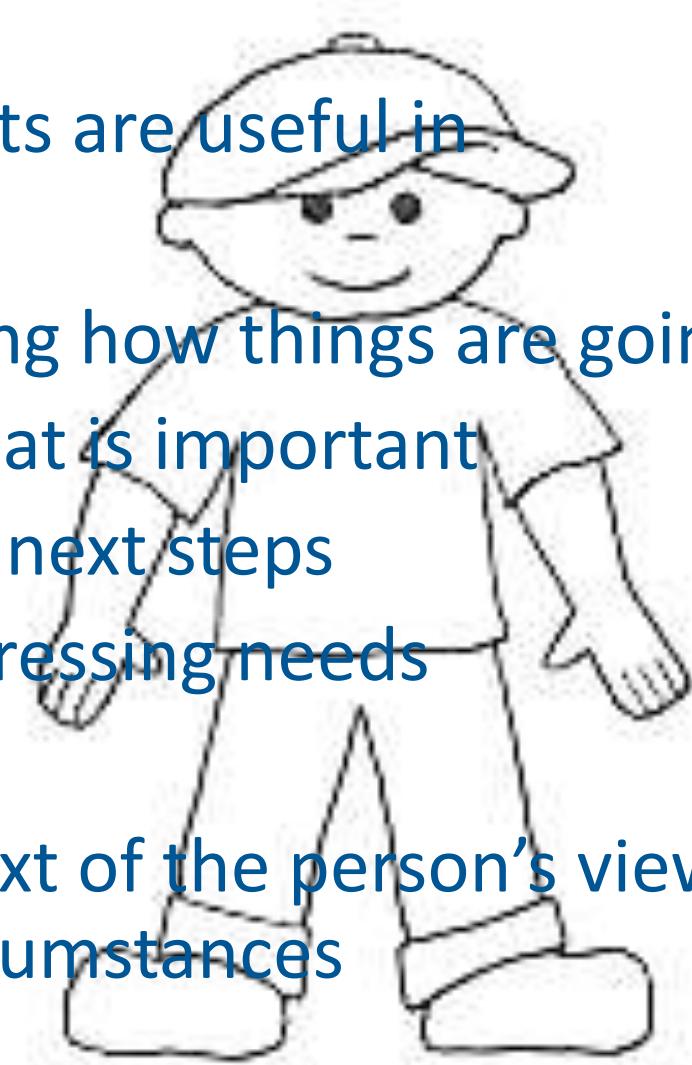
Uses



The POST results are useful in

- Understanding how things are going right now
- Exploring what is important
- Determining next steps
- Identifying pressing needs

All in the context of the person's view of his or her current life circumstances



For the Organization

- Direct Resources
- Learning Tool
- Identifies needs
- Assess responsiveness
- Inform change



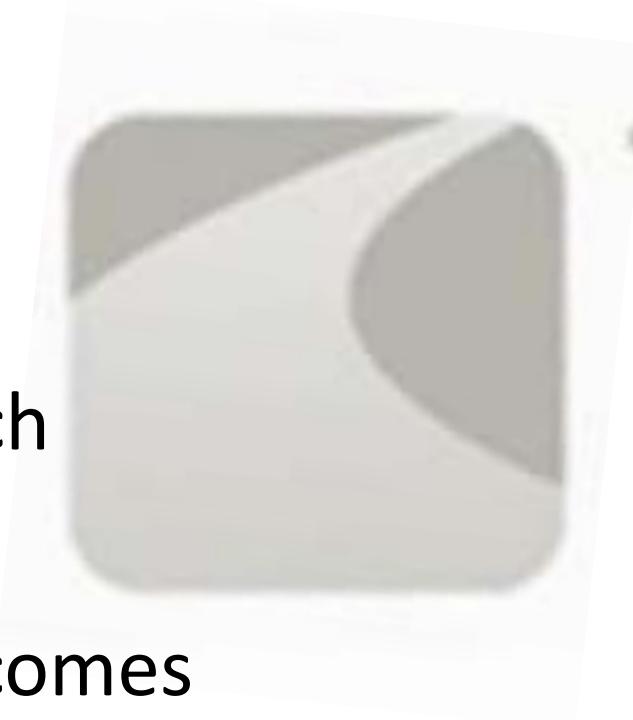
The POSI

- Is available in Spanish or English
- Useful with adults who use ID/DD services, Mental Health/Behavioral Health services, or aging services
- Particularly when people are using those services short term or intermittently

Personal Outcome Measures®

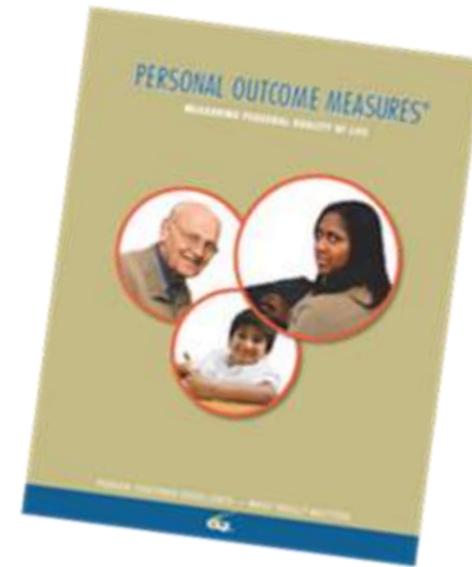
The POST and The Personal Outcome Measures®

- Quality of Life tools
- Person-Centered Approach
- Success in Achieving Outcomes



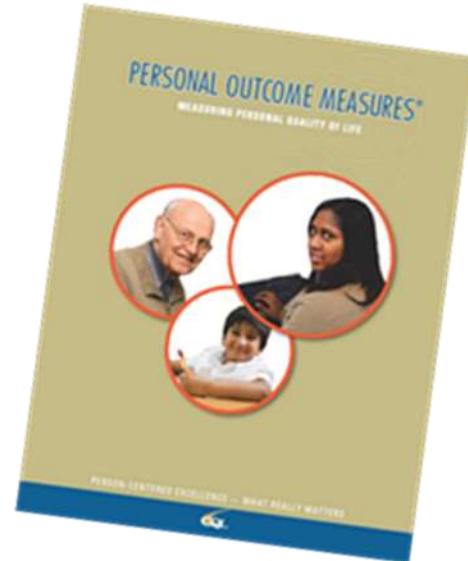
Similarities

- Provide data
- Assess Supports
- Inform Improvement



Similarities

- Focus on the Person
- How Things are Going
- What's Most Important



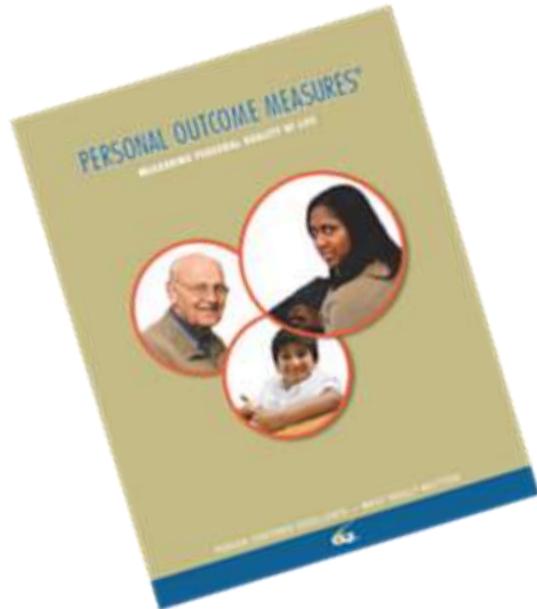
POST

- Snapshot
- 15-30 minutes
- Independent

Personal Outcome Measures®

- Comprehensive
- 60-90 minutes
- Facilitated by Interviewer

Remember



The POST does not replace the Personal Outcome Measures®.
The POST guides the identification of priorities to explore and address.
The Personal Outcome Measures® may be used to explore the priorities identified by the POST.

Ligas Outreach

- Consent Decree—*Ligas v. Hamos*
- Parties and Intervenors agreed



Ligas Consent Decree

Mandated

Fair and accessible process by which individuals or their guardians can affirmatively request services and maintain records of those requests.



Using the POST

The POST was used for two purposes—

1. To help the person identify how things were going and what was important to them right now.
2. To help with the planning IF people chose to explore options outside of their current home in the ICF.

Our Experience

- People enjoyed using the iPad.
- People learned to use the iPad quickly.
- People wanted/needed different levels of support
- Some chose not to finish.
- Some were persistent and took more than 30 minutes to complete it.
- Some needed support to distinguish between attainment and importance questions.



Numbers

- 68 different questions
- 34 about attainment and 34 about importance
- Sample size = 106

TOP 10



1. Feel safe in your neighborhood (79)
2. Feel safe at home (78)
3. See healthcare professionals (77)
4. Can get around at home, work and in the neighborhood (75)
5. Feel safe at work (74)
6. Have someone to share special information and experiences (71)
7. Know what to do in an emergency (70)
8. Free from abuse and neglect (70)
9. Have friends (70)
10. Getting information about health (68)

Not Top 10

1. Choose the people and services you want (52)
2. Choose who to live with (52)
3. Living in a community with different people (55)
4. Choose personal goals (56)
5. Choose where to live (57)
6. See or talk to family members as often as you want (57)
7. Getting out and doing things in your neighborhood (59)
8. Have the supports you need to meet personal goals (59)
9. Spend as much time as you want with friends (60)
10. Talk to other people in the community (60)
11. Have the same freedoms as everyone else (60)
12. Make decisions that affect your life (60)

Importance

Everything was between 61% and 84%

Most of them were in the 70's

The top three were

- Being safe in the neighborhood (83)
- Free from Abuse and Neglect (82)
- Can get around at home, work and in the community (80)



The CQL POST App



The CQL POST APP



www.C-Q-L.org/POST



info@thecouncil.org



CQL POST App



6:56 / 7:03



YouTube



It's in the App Store

iTunes Preview

Overview Music Video Charts

The Council on Quality and Leadership POST Scale

[View More by This Developer](#)

By AbleLink Technologies, Inc.

Open iTunes to buy and download apps...



Description

CQL, The Council on Quality and Leadership's Personal Outcome Screening Tool (CQL-POST) is an interactive and user-friendly app for iPads, providing a snapshot view of a person's quality of life. It explores 21 life outcomes, while assessing the presence, importance and priority of each outcome. The outcomes cover a full range of life

[The Council on Quality and Leadership POST Scale Support](#) ›

...More

iPad Screenshots

[View in iTunes](#)

\$74.99

Category: Education

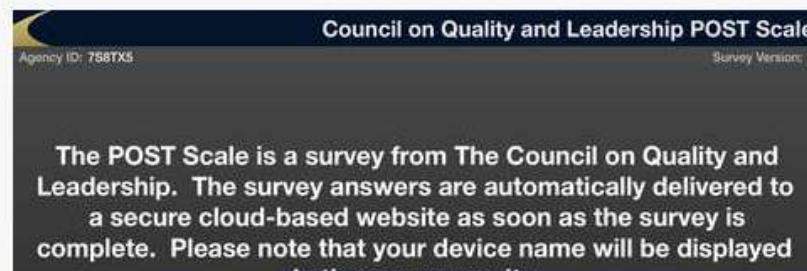
Released: Apr 15, 2015

Version: 1.1

Size: 152 MB

Language: English

Seller: AbleLink Technologies



Council on Quality and Leadership POST Scale
Agency ID: 758TXS Survey Version: 1

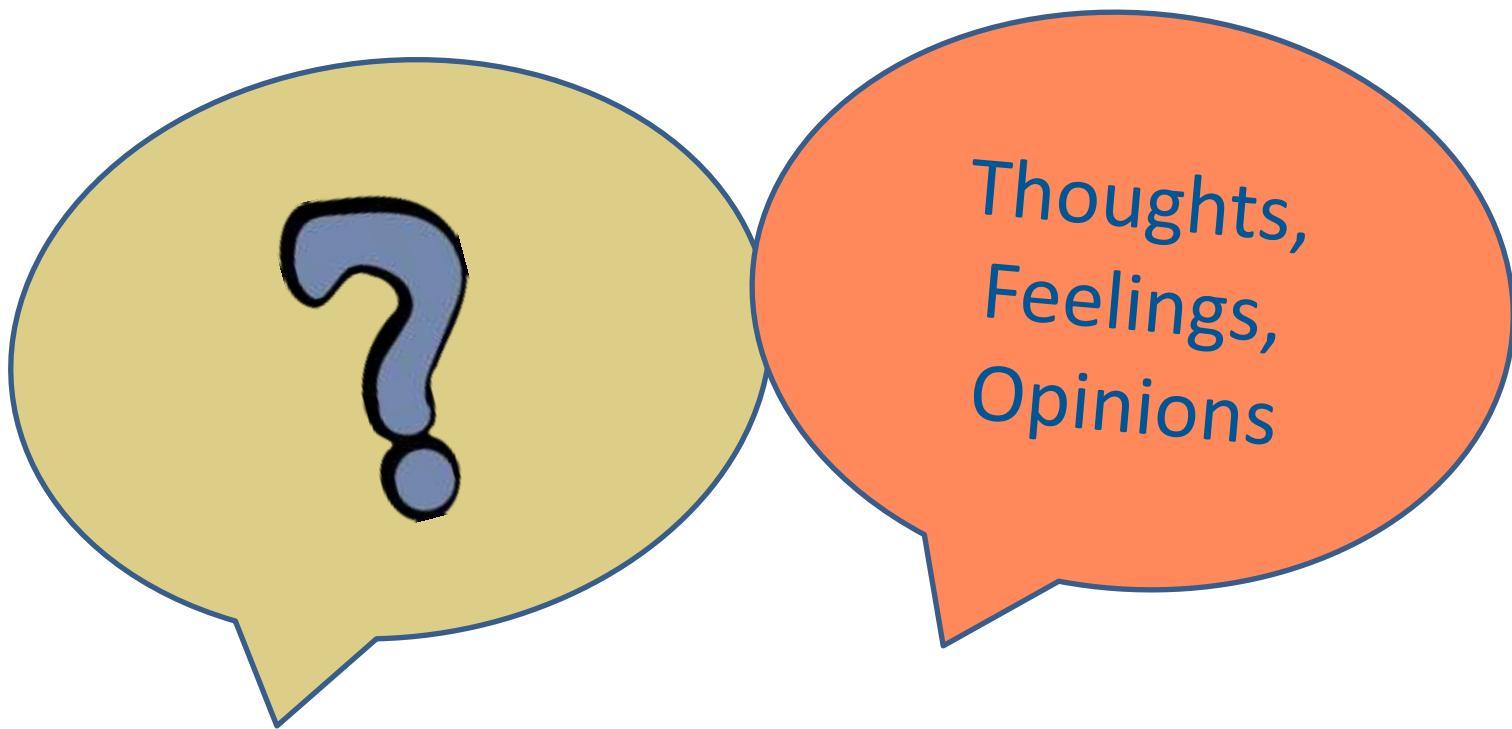
The POST Scale is a survey from The Council on Quality and Leadership. The survey answers are automatically delivered to a secure cloud-based website as soon as the survey is complete. Please note that your device name will be displayed



Second, we want to know what is important to you right now.



Conclusion



For More Information

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