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Using Outcomes-based Data for Improving Service Quality and Monitoring

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Using Outcomes Based Data for Improving Service Quality and Monitoring

Mary Kay Rizzolo
CQL President and CEO

THE HISTORY OF CQL

1969
1971
1972
1973
1977
1997

The Accreditation Council
The ACHIEV standards are adapted for use by DHHS for certification of ICY
Accreditation Council publishes second set of standards for community settings

Wyatt v. Stickney
ACF/MR standards are used as basis for Wyatt

ACF/MR Standards
ACMARD

ACF/MR Standards
standards are adapted for use by DHHS for certification of ICF/MR

The Council on Quality and Leadership

ACF/MR Standards

DEFINITIONS OF QUALITY

QUALITY ENHANCEMENT

Personal Outcome Measures®

QUALITY ASSURANCE

Basic Assurances®
### CQL Accreditation

**Three Options**

- Person-Centered Excellence Accreditation
  **With Distinction**
- Person-Centered Excellence Accreditation
- Quality Assurances Accreditation

### Shared Values® Factors

1. Dignity and Worth
2. Legal and Human Rights
3. Self-Determination and Choice
4. Community Settings
5. Social Capital
6. Community Partnerships
7. Shared Leadership
8. Continuous Learning
9. Open Communication
10. Continuous Improvement
Self Determination & Choice

Community Settings

Shared Leadership
Continuous Learning

“Mr. Osborne, may I be excused? My brain is full.”

Continuous Improvement

“Keep your words positive, because your words become your behaviors.

Keep your behaviors positive, because your behaviors become your habits.

Keep your habits positive, because your habits become your values.

Keep your values positive, because your values become your destiny.” – Gandhi
APPRECIATIVE INQUIRY

THE ASSUMPTIONS

- For every person, something works.
- What we focus on becomes our reality.
- The act of asking questions of a person influences the person in some way.
- If we carry parts of the past forward, let’s bring what is best about the past.
- It is critical to value differences.
- New experiences help us discover new realities.

BASIC ASSURANCES®

FACTORS

1. Rights Protection and Promotion
2. Dignity and Respect
3. Natural Support Networks
4. Protection from Abuse, Neglect, Mistreatment and Exploitation
5. Best Possible Health
6. Safe Environments
7. Staff Resources and Supports
8. Positive Services and Supports
9. Continuity and Personal Security
10. Basic Assurances® System
### BASIC ASSURANCES®

**Rights Protection and Promotion**

- The organization implements policies and procedures that promote people’s rights.
- The organization supports people to exercise their rights and responsibilities.
- Staff recognize and honor people’s rights.
- The organization upholds due process requirements.
- Decision-making supports are provided to people as needed.

### BASIC ASSURANCES®

**Dignity and Respect**

- People are treated as people first.
- The organization respects people’s concerns and responds accordingly.
- People have privacy.
- Supports and services enhance dignity and respect.
- People have meaningful work and activity choices.

### BASIC ASSURANCES®

**Natural Support Networks**

- Policies and practices facilitate continuity of natural support systems.
- The organization recognizes emerging support networks.
- Communication occurs among people, their support staff and their families.
- The organization facilitates each person’s desire for natural supports.
BASIC ASSURANCES®
Protection from Abuse, Neglect, Mistreatment and Exploitation

- The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
- People are free from abuse, neglect, mistreatment and exploitation.
- The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.

BASIC ASSURANCES®
Protection from Abuse, Neglect, Mistreatment and Exploitation

- Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
- The organization ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation, and of each injury, particularly injuries of unknown origin.
- The organization ensures thorough, appropriate and prompt responses to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation.

BASIC ASSURANCES®
Best Possible Health

- People have supports to manage their own health care.
- People access quality health care.
- Data and documentation support evaluation of health care objectives and promote continuity of services and supports.
- Acute health needs are addressed in a timely manner.
- People receive medications and treatments safely and effectively.
- Staff immediately recognize and respond to medical emergencies.
BASIC ASSURANCES®

Safe Environments

- The organization provides individualized safety supports.
- The physical environment promotes people’s health, safety and independence.
- The organization has individualized emergency plans.
- Routine inspections ensure that environments are sanitary and hazard free.

BASIC ASSURANCES®

Staff Resources and Supports

- The organization implements a system for staff recruitment and retention.
- The organization implements an ongoing staff development program.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- The organization treats its employees with dignity, respect and fairness.

High Expectation Discrepancy

- Specialized knowledge
- Teach
- End shift neat & tidy
- Work well with others
- Comply with rules and regulations
- Document
- Support choice
- Medical support
- Person-centered
- Respect rights
- Problem-solve
- Maintain health & safety
- Culturally competent
BASIC ASSURANCES®
Positive Services and Supports

- People’s individual plans lead to person-centered and person-directed services and supports.
- The organization provides continuous and consistent services and supports for each person.
- The organization provides positive behavioral supports to people.
- The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
- People are free from unnecessary, intrusive interventions.

BASIC ASSURANCES®
Continuity and Personal Security

- The organization’s mission, vision and values promote attainment of personal outcomes.
- The organization implements sound fiscal practices.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.
BASIC ASSURANCES®
Basic Assurances® System

- The organization monitors Basic Assurances®.
- A comprehensive plan describes the methods and procedures for monitoring Basic Assurances®.

PERSONAL OUTCOME MEASURES®

Focus Groups
- with people with mental illness, parents, thought leaders

POM:
- First Personal Outcome Measures published in 1992
  - 30 outcomes
  - Validity testing conducted

21 Outcomes:
- Analysis of feedback leads to certain outcomes resulting in the 21 outcomes we use today

Validity Testing:
- of the additional validity testing

Piloted:
- in three sites and then field tested in 10 out of 15

25 Outcomes:
- more outcomes from the personal outcome measures

Revalidation Analysis:
- Demonstrates the continued validity of the 25 outcomes

THE HISTORY

1991 - 1992
1993
1997
2005
2017
WHAT MATTERS TO YOU?

Think about things that matter most in your life …

YOU MAY HAVE SELECTED

FAMILY          SUCCESS
MONEY          HOME
SPIRITUALITY   WORK
FUN
LOVE
HEALTH
FRIENDS

PERSONAL OUTCOME MEASURES®
IT’S PERSONAL

- Personal outcomes are defined by the person, therefore, have no standard definition
- Are different for everyone
- Evolve over time and may change
- Require listening and understanding the person from their perspective.
PERSONAL OUTCOME MEASURES®
THE FIVE FACTORS

- MY HUMAN SECURITY
- MY COMMUNITY
- MY RELATIONSHIPS
- MY CHOICES
- MY GOALS

PERSONAL OUTCOME MEASURES®
MY HUMAN SECURITY

- People are safe
- People are free from abuse and neglect
- People have the best possible health
- People are treated fairly
- People are respected
- People experience continuity and security
- People exercise rights

PERSONAL OUTCOME MEASURES®
MY COMMUNITY

- People use their environments
- People live in integrated environments
- People interact with other members of the community
- People participate in community life
PERSONAL OUTCOME MEASURES®
MY RELATIONSHIPS

- People are connected to natural support networks
- People have friends
- People have intimate relationships
- People decide when to share personal information
- People perform different social roles

PERSONAL OUTCOME MEASURES®
MY CHOICES

- People choose where and with whom to live
- People choose where to work
- People choose services

PERSONAL OUTCOME MEASURES®
MY GOALS

- People choose personal goals
- People realize personal goals
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

OUTCOMES & SUPPORTS

Outcome for the Person = QUALITY OF LIFE

Individualized Supports = QUALITY OF SERVICES

PERSONAL OUTCOME MEASURES®

OUTCOMES & SUPPORTS

• Individualized supports are not:
  - A policy, procedure or program
• Individualized supports are:
  - The specific application of the policy, procedure or program to enable a person to achieve his or her outcome
Information-Gathering
When A Person Communicates Differently

• Find out the person’s preferred method of communication
• Talk to the person who knows them best to get advice
• Make sure communication supports are available
• Be aware of environmental factors
• Look to the person for direction
• Wait for responses
• Ask one question at a time
• Summarize to see if you got it right
• Spend time with the person where they live, work and play

Data Drives us.

“The CQL database that we’re using is so amazing.”
– Laura Vegas, TN DIDD

DATA COLLECTION
DATA OVERLOAD

Collecting data is only valuable if you do something meaningful with it:

1. Guide individual plan
2. Provide agencies with information to make data-based decisions
3. Give states the information they need to demonstrate compliance, set priorities, and focus limited resources

"If you take a moment to see what this information says.")
THE PORTAL DATABASE

PORTAL is a new, secure online data system developed by CQL | The Council on Quality and Leadership. It provides human service organizations and state agencies with reporting, tracking, analysis and logging of personal outcomes and supports for people receiving services.

Survey Collection

Basic Assurances® - Site Self-Assessment

Please read and answer the questions below:

Personal Outcome Measures®

Please read and answer the questions below:
Compared to people who do not have friends, people who have friends are:

- **2 TIMES** more likely to be safe
- **3 TIMES** more likely to have integrated environments
- **3 TIMES** more likely to use environments
- **5 TIMES** more likely to exercise rights
- **5 TIMES** more likely to have natural supports
- **6 TIMES** more likely to interact with others in the community
- **6 TIMES** more likely to perform social roles
- **6 TIMES** more likely to participate in community life
Compared to people who do not have friends, people who have friends are...
(n = 1,408)

- 2X MORE LIKELY TO:
  - Be Safe
  - Have Integrated Environments
- 3X MORE LIKELY TO:
  - Use Environments
  - Exercise Rights
  - Have Natural Supports
- 5X MORE LIKELY TO:
  - Interact With Others In The Community
  - Perform Social Roles
- 6X MORE LIKELY TO:
  - Participate In Community Life

When organizations provide supports to assist the person with developing, maintaining and enhancing friendships...

PEOPLE WITH DISABILITIES ARE:

- 18X MORE LIKELY TO: HAVE FRIENDS

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1468</td>
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<tr>
<td>1</td>
<td>18</td>
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OUTCOME PRESENT
HAVE NATURAL SUPPORTS

- Present 46%
- Not Present 54%
FUTURE DEMAND FOR LONG TERM SERVICES AND SUPPORTS (LTSS)

- Aging Caregivers
- Increased Longevity
- Litigation
- Waiting Lists
- Medicaid Block Grants??

Out-of-Home Residential Supports 46k
Waiting for Residential Supports 110k ("Treading Water")
Living with Caregivers 60+ 1.2M
Living with Caregivers 41-59 1.4M

ONLY A FRACTION OF PEOPLE WITH I/DD RECEIVE OUT-OF-HOME RESIDENTIAL SUPPORTS

Likelihood of experiencing DSP turnover in the past 2 years by disability (n = 1443)
Likelihood of experiencing DSP turnover in past 2 years, by residence size (n = 1443)

<table>
<thead>
<tr>
<th>Number of housemates with disabilities</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>55%</td>
</tr>
<tr>
<td>4</td>
<td>69%</td>
</tr>
<tr>
<td>8</td>
<td>83%</td>
</tr>
<tr>
<td>16</td>
<td>96%</td>
</tr>
<tr>
<td>20</td>
<td>98%</td>
</tr>
</tbody>
</table>

Difference in likelihood to achieve outcome when there is DSP turnover vs when there is not ...
(n = 1,443)

Outcomes | Choose Where To Work

- Yes 33%
- No 67%
Did the person decide where to work, by setting? (n = 1,443)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Choose this setting</th>
<th>Did not choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive employment</td>
<td>94</td>
<td>29</td>
</tr>
<tr>
<td>Supported community</td>
<td>106</td>
<td>66</td>
</tr>
<tr>
<td>Retirement</td>
<td>23</td>
<td>45</td>
</tr>
<tr>
<td>School</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>None</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Community day program</td>
<td>278</td>
<td>417</td>
</tr>
<tr>
<td>Enclave</td>
<td>32</td>
<td>55</td>
</tr>
<tr>
<td>Day program</td>
<td>217</td>
<td>439</td>
</tr>
<tr>
<td>Sheltered workshops</td>
<td>78</td>
<td>211</td>
</tr>
</tbody>
</table>

OUTCOME PRESENT

CHOOSE WHERE AND WITH WHOM THEY LIVE

Present 26%
Not Present 74%

Compared to people who do not choose, people who do choose where and with whom to live are

2X MORE LIKELY TO:
- Have Natural Supports
- Participate In Community Life
- Realize Personal Goals
- Live In Integrated Environments
- Interact With Others In The Community

3X MORE LIKELY TO:
- Have Continuity And Security
- Have Friends
- Decide When To Share Personal Information
- Have Intimate Relationships
- Perform Social Roles
- Use Environments
- Exercise Rights

10X MORE LIKELY TO:
- Choose Services
Probability the person has options about where and with whom to live, by daily support
(n = 1,295)

Compared to people who do not choose, people who do choose where and with whom to live are ...
(n = 1,443)

2X MORE LIKELY TO:
• Have Natural Supports
• Participate In Community Life
• Realize Personal Goals
• Live In Integrated Environments
• Interact With Others In The Community

3X MORE LIKELY TO:
• Have Continuity And Security
• Have Friends
• Decide When To Share Personal Information
• Have Intimate Relationships
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• Use Environments
• Exercise Rights

10X MORE LIKELY TO:
• Choose Services

Outcomes | Intimate Relationships

<table>
<thead>
<tr>
<th></th>
<th>Present</th>
<th>Not present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family home</td>
<td>59.20%</td>
<td>40.80%</td>
</tr>
<tr>
<td>Own home</td>
<td>49.00%</td>
<td>51.00%</td>
</tr>
<tr>
<td>State operated HCBS group</td>
<td>42.90%</td>
<td>57.10%</td>
</tr>
<tr>
<td>Provider home</td>
<td>41.40%</td>
<td>58.90%</td>
</tr>
<tr>
<td>Other (private ICFDD, State ICFDD, host/foster family,...)</td>
<td>42.7%</td>
<td>57.3%</td>
</tr>
</tbody>
</table>
The odds of people with disabilities having intimate relationships is ...

\( n = 1,443 \)

- 8X HIGHER WHEN
  - Organizations address barriers to intimate relationships

- 10X HIGHER WHEN
  - Organizations assist choices regarding intimate relationships

- 11X HIGHER WHEN
  - Organizations know the person’s preferences regarding intimate relationships
  - Organizations supports relationships

- 20X HIGHER WHEN
  - Individualized supports are in place for intimate relationships

**HOW TO USE THE DATA**

PERSON CENTERED PLAN

“I want to be as INDEPENDENT as possible.”

- ELIZABETH TERRILL
  - This is My Life - This is My Plan
• ELIZABETH TERRILL
  • This is My Life - This is My Plan

My Goal #1 | Regular Exercise

HOW TO USE THE DATA
ORGANIZATIONAL CHANGE

“It’s all very central to our strategic planning. We really look at all of our data to examine where we’ve been and where it is that we want to go,” says Kim Zoeller, President and CEO of RGA, adding, “We plan with that data; everything from our staff training, to how we budget our funds, to whether or not we create a new initiative to better support people.”

“Personal Outcome Measures® isn’t something we do. It’s everything we do.” Kim Zoeller.

HOW TO USE THE DATA
STATEWIDE SYSTEMS CHANGE

“While transition plan approval is the first of many steps, we believe our ongoing work through CQL’s Network Accreditation process has perfectly positioned us to be successful in coming into full compliance with the CMS Settings rules.”

Debra Payne, Commissioner of the Tennessee Department of Intellectual and Developmental Disabilities (TN DIDD).

“In order for people to have a good life, staff need to know what is important to them.”
  - Duris, TN Advocate
“Quality is a continuous journey, it’s not a destination.”

Jeff Pederson, CHFI Friendship

“Change inspires us.”

“What if we don’t change at all ... and something magical just happens?”

CQL 2017 CONFERENCE
BLUEPRINT FOR PERSON-CENTERED PRACTICES
OCT 16-19 • INDIANAPOLIS, IN • JW MARRIOTT
www.c-q-l.org/Blueprint