Quality
Leadership

July 2005 – May 2006 Personal Outcome Measures[SM] Performance Indicators Report for:

STATE OF SOUTH DAKOTA DEPARTMENT OF HUMAN SERVICES DIVISION OF DEVELOPMENTAL DISABILITIES

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Introduction

Between July 1, 2005 and May 31, 2006, eight provider organizations contracting with the South Dakota Department of Human Services, Division of Developmental Disabilities, participated in accreditation reviews using The Council on Quality and Leadership's (CQL) *Personal Outcomes Measures[SM] 2000 Edition*. CQL's accreditation review process relies heavily on *Personal Outcome Measures[SM]* interviews with people who receive services. This instrument assesses the quality of life experienced by the people who are interviewed and, combined with assessments of Organizational Assurances and Organizing Principles, determine the quality of services delivered by organizations. A secondary purpose of the accreditation review is to determine the overall effectiveness of supports provided through Developmental Disabilities Services resulting in meaningful outcomes for the citizens of South Dakota.

Accreditation reviews were conducted at the following provider organizations during the 2005-2006 South Dakota fiscal year. (**Table 1**)

Table 1 Participant Organizations and Accreditation Results

Organization, City	2005-2006 Review Dates	Results
Community Connection, Inc. Winner	January 24-27, 2006	Accredited
LIVE, Inc. Lemmon	April 4-7, 2006	Accredited
DakotAbilities Sioux Falls	April 10-13, 2006	Accredited
ECCO, Inc. Madison	April 18-21, 2006	Accredited
OAHE, Inc. Pierre	April 25-28, 2006	Accredited
Southeastern Behavioral Healthcare Sioux Falls	May 2-5, 2006	Accredited
ATCO Watertown	May 8-12, 2006	Accredited
LifeQuest Mitchell	May 15-19, 2006	Accredited

In order to assure consistency, CQL assigned four Quality Enhancement Specialists to this project. One of these four individuals was a lead Quality Enhancement Specialist for each review.

This is the third year of data collection and analysis for organizations in South Dakota. Between May 1, 2003 and May 31, 2004, eleven (11) provider organizations in South Dakota participated in accreditation reviews. Between June 1, 2004 and June 30, 2005, six (6) provider organizations in South Dakota participated in accreditation reviews. Three of the organizations reviewed during 2004-2005 were re-accreditation visits of reviews completed

during 2003-2004. Four of the organizations reviewed during 2005-2006 were re-accreditation reviews and part of the data analyzed for this report is comparative of these organizations from one review to the next. Those organizations are: Community Connections, Inc., ECCO, Inc., OAHE, Inc. and LifeQuest (formerly MAATC).

This report includes the following information:

- Interview sample selection of people receiving services
- Quantitative and qualitative reviews of the *Personal Outcome Measures*[SM] interviews
- Results summary for the Organizational Assurances
- Overviews of most promising practices as assessed through the Organizing Principles
- Comparisons of the 2005-2006 results of each of these areas from reviews completed in 2003-2004 and 2004-2005
- Comparisons of the *Personal Outcome Measures*[SM] assessments with national averages compiled by CQL from over 6,000 interviews completed between 1993 and 2006 **(Table 8)**
- Comparison of results from initial and re-accreditation of four organizations that have had two reviews (**Tables 9 through 12)**

Methodology

Sample Selection Specific to the Data Collection Process

The CQL Lead Quality Enhancement Specialist chose a representative sample of the people supported in each organization as interview participants. In selecting each sample group, there was an attempt to represent the characteristics of the overall population supported by an organization. Therefore, the sample was randomly selected from a list of people who made up a balance of characteristics related to gender, age, disability, communication abilities, type of services received, and geographic location.

Forty-six (46) people receiving services participated directly in the review processes. Of those interviewed during the review processes, 27 were men and 19 were women. Those interviewed ranged in age from 13 to 85 years. Approximately 85 percent of those interviewed have a primary diagnosis of intellectual disability. Other primary diagnoses represented in the sample are autism, cerebral palsy, and ataxia. Approximately 75 percent of the sample have secondary diagnoses. Examples of these diagnoses include: attention deficit hyperactivity disorder, autism, cerebral palsy, schizophrenia, depression, posttraumatic stress disorder, and seizure disorders.

The *Personal Outcome Measures*^{SM} assessment process involved face-to-face interviews with people receiving services through the Division of Developmental Disabilities. Additionally, follow-up interviews were conducted with managers and coordinators to validate and add to information learned during the initial interviews. A select number of personal records were also reviewed. Once the information gathering process was complete, the compiled information was used to determine the presence of outcomes and supports in people's lives.

Interview Process Utilizing the *Personal Outcome Measures*^{SM}

The *Personal Outcome Measures*^{SM}, as individually defined by the users of services, have been shown to be strong measures of quality. The measures provide information that helps to identify which services are working well regardless of how resources have been allocated. The *Personal Outcome Measures*^{SM} are unique in the measurement of quality in services for people, as the focus of measurement is on the results of services rather than the process for delivering services. The 25 *Personal Outcome Measures*^{SM} assess the impact of services on the quality of life for the people receiving those services. The number of outcomes present in people's lives determines the quality of life for the person. The number and types of supports present determines the degree to which the person's quality of life is supported by the organization.

Demographics Identified for Analysis

Age range is the first category in the analysis. Of the 46 people in the interview sample, no families of children under the age of six were interviewed. Three young people and their families between the ages of 7-16 were interviewed. Eight young adults between the ages of 17-22 years, 18 people between the ages of 23-42 years, 11 people between the ages of 43-65 years, and six people who were 66 years and over were interviewed. **(Table 2)**

Table 2 Age Ranges of Individual Participants

Age Range	Number in Sample	% of Total in Sample
0-6 years	0	0
7-16 years	3	7%
17-22 years	8	17%
23-42 years	18	39%
43-65 years	11	24%
66 + years	6	13%

Since the 2003-2004 report year, there have been no families interviewed with children under the age of six. Although no children between 7 and 16 were interviewed in 2004-2005, two children between the ages of 7 and 16 and their families were interviewed in 2003-2004.

Type of living arrangement is the second category to be analyzed. Of the 46 people interviewed, nine people lived with family or in their own homes, 22 people lived in group settings with 24-hour support, and 15 people lived in settings identified as supported apartments or other supported living settings. **(Table 3)**

Table 3 Type of Living Arrangement

Type of Living Arrangement	Number in Sample	% of Sample Total
Family or own home	9	19%
Group setting with 24 hour support	22	48%
Supported apartments or other supported living	15	33%

These categories are slightly different from those tracked in the previous two state reports as the data collection methodology has changed. Thus, comparison to previous years may be somewhat difficult. However, in 2004-2005 the sample included six people living with family and no one identified as living in his or her own home. All others (87 percent) were living in a group setting with over 38 percent living with at least three other people.

HCBW Requirements

Home and Community Based Waiver (HCBW) requirements are, in part, measured by various elements of the CQL Accreditation review process. A number of the Personal Outcome Measures[SM] speak to compliance with HCBW requirements, included among them People Choose Personal Goals, People Perform Different Social Roles, People are Connected to Natural Support Networks, People Exercise Rights, People are Free from Abuse and Neglect, and People Experience Continuity and Security. Certain Organizing Principles also give some indication of the involvement that users of services have in the service delivery system. The following briefly summarizes some of the information found in **Table 4 − Organizational Assurances of Health, Safety and Welfare; Table 6 − Decision Matrix for Organizing Principles 2005-2006; Table 7 − Decision Matrix for Organizing Principles Three-Year Comparison; and Table 8 − 2006 National Averages Comparative Data.**

People Choose Personal Goals

Contract Year	2003-2004 South Dakota	2004-2005 South Dakota	2005-2006 South Dakota	2006 CQL National Averages
Outcome Present	51%	77%	63%	46%
Support Present	50%	68%	67%	47%

For the 2005-2006 review year, 63 percent of the people interviewed have this outcome in their lives. Sixty-seven percent of the people are supported to set goals and decide their own dreams and desires. This is a slight decrease from the previous year yet still represents an increase from the initial year of data collection. Figures from all three years are well above the current national outcome and support averages of 46 and 47 percent respectively. This indicates that a high percentage of those interviewed are asked what they want to achieve. The data also indicates that more people are supported to plan for and accomplish their chosen goals. Results for the Organizing Principles regarding the exercise of leadership in one's own life and self-determination (L2), and systems that emphasize listening, responsiveness and respect (L3), are consistent with these data. **Table 6** shows that the Organizing Principles L2 and L3 are in the implementation or results levels for every organization reviewed in 2005-2006.

People Perform Different Social Roles

Contract Year	2003-2004 South Dakota	2004-2005 South Dakota	2005-2006 South Dakota	2006 CQL National Averages
Outcome Present	47%	26%	57%	31%
Support Present	52%	34%	54%	31%

For the 2005-2006 review year, 57 percent of those interviewed have this personal outcome and 54 percent are supported to attain or keep the outcome. This is a significant increase from 2004-2005 and a slight increase from the 2003-2004 review year. Again, South Dakota data are significantly above 2006 national averages for this outcome and support which are both 31 percent.

People are Connected to Natural Support Networks

Contract Year	2003-2004 South Dakota	2004-2005 South Dakota	2005-2006 South Dakota	2006 CQL National Averages
Outcome Present	61%	66%	46%	63%
Support Present	79%	87%	76%	77%

2006 national averages for this outcome show that 63 percent of those interviewed have this outcome and 77 percent are supported in achieving this outcome. The South Dakota averages for the review year 2005-2006 indicate that 46 percent of those interviewed during accreditation reviews had the outcome and 76 percent had the support necessary to achieve the outcome. This represents a decrease in both outcome and support over the last two years. However, the percentage for support for this outcome in South Dakota is very similar to what is seen among other accredited organizations across the United States. **Table 6** shows that only one of the eight organizations reviewed had the Organizing Principle S10: "Organizational systems promote natural support relationships", at the results level. Four organizations are implementing systems and two organizations have an understanding of this Organizing Principle.

People Exercise Rights

Contract Year	2003-2004 South Dakota	2004-2005 South Dakota	2005-2006 South Dakota	2006 CQL National Averages
Outcome Present	69%	74%	70%	44%
Support Present	64%	77%	67%	40%

Data for 2005-2006 reflects outcome and support percentages much higher than those of other accredited organizations in the United States. The national averages show 44 percent of people interviewed have this outcome, and 41 percent have the necessary support to attain the outcome. These percentages indicate that almost three in four people interviewed in 2005-2006 are fully exercising their rights and are afforded due process. However, organizations reviewed are concerned with supporting people to understand and fully exercise rights as evidenced by a similar percentage for supports for this outcome. There are organizational systems to promote and protect individual rights at all eight organizations as evidenced by the teams on each review determining that the organizational assurance "the organization protects the rights of people" is present. (**Table 4 Organizational Assurances of Health, Safety and Welfare)**

People are Free From Abuse and Neglect

Contract Year	2003-2004 South Dakota	2004-2005 South Dakota	2005-2006 South Dakota	2006 CQL National Averages
Outcome Present	94%	66%	87%	86%
Support Present	97%	85%	89%	90%

After a significant decrease from the 2003-2004 to 2004-2005 year, the 2005-2006 figures have increased and are almost identical to the 2006 national averages of 86 and 90 percent. Furthermore, all eight South Dakota organizations reviewed this year had systems in place to support a determination that the corresponding organizational assurance of "the organization implements procedures in all instances of alleged abuse and neglect" is present. **(Table 4)**

People Experience Continuity and Security

Contract Year	2003-2004 South Dakota	2004-2005 South Dakota	2005-2006 South Dakota	2006 CQL National Averages
Outcome Present	83%	87%	74%	81%
Support Present	72%	89%	76%	78%

The data for 2005-2006 show a decrease in the outcomes and organizational supports from 2004-2005 and a decrease in the percentage of people reporting the outcome present even from 2003-2004. A smaller decrease in support for the outcome reflects a percentage of supports that is still slightly higher than the 2003-2004 data. The numbers for support are also very close to the national average of 78 percent and indicate that organizations are attempting to see that people have a say in the changes that occur in their lives and that unplanned changes are kept to a minimum. This also may mean that organizations try to minimize staff turnover. The Organizing Principle related to systems for continuity and security (S9) are all determined to be in the implementation or results stage for organizations reviewed in 2005-2006. **(Table 6)**

Personal Outcome Measures[SM]

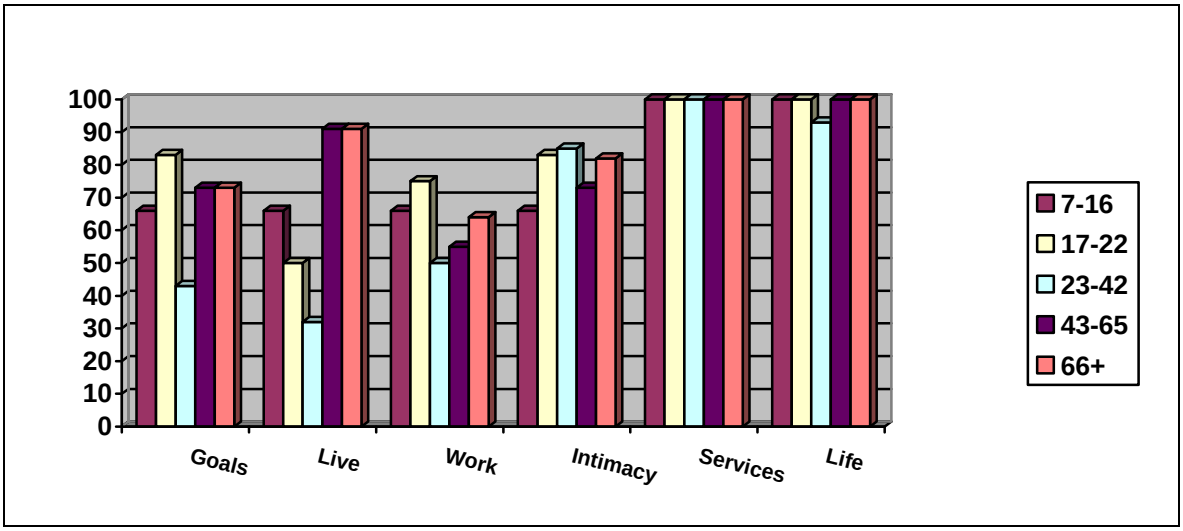
IDENTITY gives us a sense of how service users express themselves as unique individuals. This is revealed through the things they want, the major life choices they make, the people they are close to, and their sense of satisfaction.

Age Range

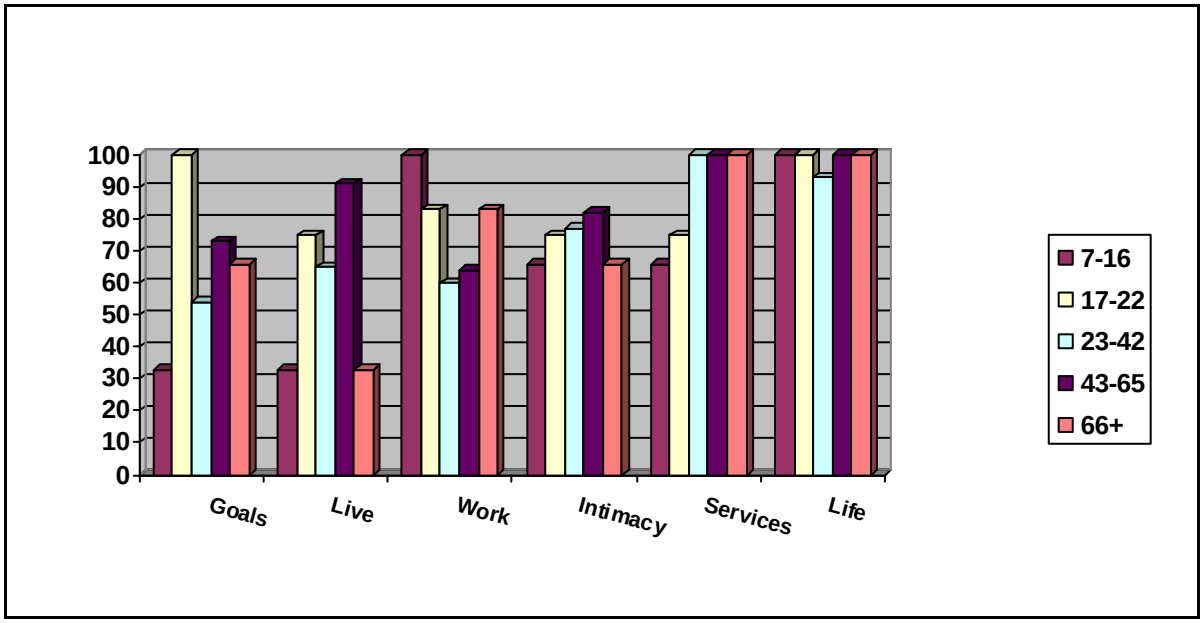
Outcomes and supports in the area of Identity continue to be the strongest for people over the age of 65. In the previous contract year, the outcome and support for people ages 17-22, choosing where to work, fell below 50 percent. The data show a significant increase for this age group to 75 percent and 83 percent respectively. In fact, support for choosing where to work is strong for all age groups. Support for choosing goals and where to live is below 50 percent for the three people interviewed in the 7–16 age group. Additionally, support for people over 65 for choosing where to live is present for less than 50 percent of people interviewed. While supports are stronger for people in the 17-22 and 23-42 age groups, less than 50 percent of both these age groups report choosing where they live.

Comparisons with 2004-2005 data suggest that there are overall increases for all Identity outcomes and for all age groups. Only the outcome for choosing where to live and the support for intimacy are decreased from the previous year with most dramatic decreases in the 23-42 and over 65 age groups. The greatest increases are for those aged 43-65 years. As previously mentioned, the age group 17-23 shows an increase for the outcome and supports for choosing work. Also increased for this age group is the outcome for chooses goals; however, other outcomes show little significant change for this age group. Consistent with data from previous years and with national data, outcomes and supports for both satisfaction measures are strong.

Graph 1.1 Percentage of outcomes achieved by various age groups – Identity



Graph 1.2 Percentage of supports achieved by various age groups – Identity

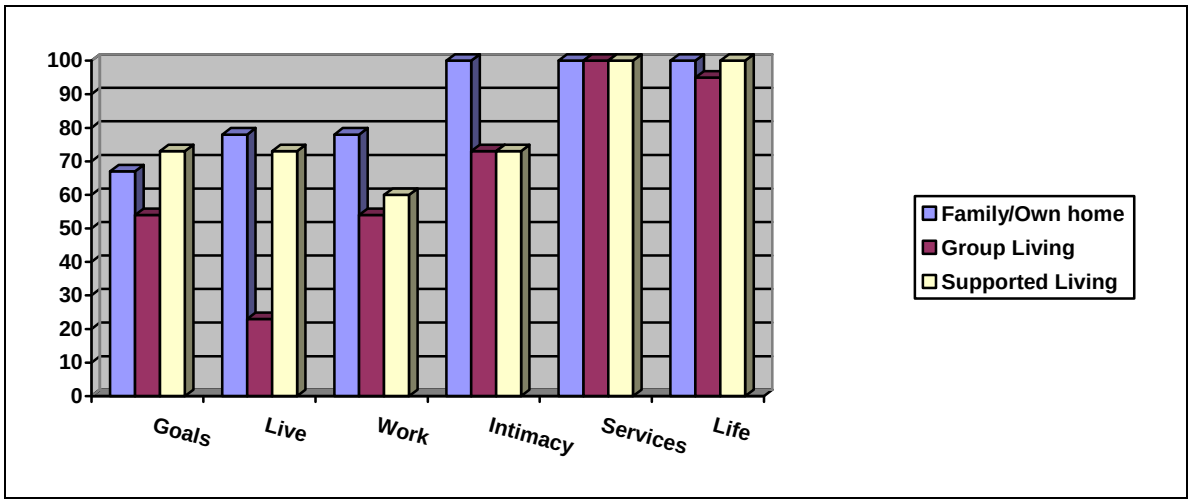


Type of Living Arrangement

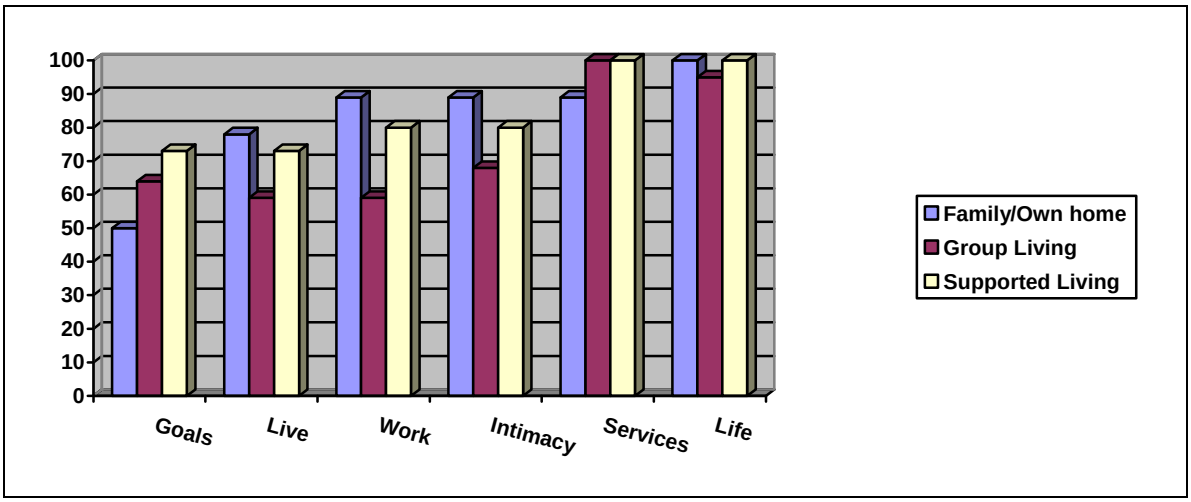
As might be anticipated, outcome data for choosing where to live is lowest, well below 50 percent, for those people reported to be living in group situations and is highest for those living in their own homes or in family homes. However support for all three types of living situations is relatively high – ranging from almost 60 percent for people living in group situations to almost 80 percent of the people interviewed who live in their own homes or with family. The support for choosing personal goals for people living in their own home or in their family home is present for just half of the people in this sub-sample. The data indicates that the supports for choosing goals, choosing where to live, choosing where to work and having the desired level of intimacy presents the most challenges for people living in group situations. Satisfaction levels appear to be high for people regardless of the type of living arrangement.

Comparison of 2004-2005 data with that gathered in 2005-2006 shows a general increase in almost all outcomes and supports with the most significant gains being made for supports for choosing goals and choosing work. Supports for choosing personal goals is greatest for people who are living in supported environments, and support for choosing work is greatest for those people living in their own home or with family.

Graph 2.1 Percentage of outcomes achieved by living arrangement – Identity



Graph 2.2 Percentage of supports achieved by living arrangement – Identity



Strengths and Commendations:

- The trend continues to reflect that organizations appear to be paying increased attention to the personal dreams and goals of people receiving services.
- The majority of people interviewed are satisfied with their services and personal lives. The organizations are utilizing both formal and informal strategies to determine people's satisfaction with services and life situations.
- There is evidence that organizations are actively supporting many people to choose where to live and work without regard for the barriers presented by their current living situations.

Recommendations and Opportunities:

- All organizations are encouraged to continue efforts to assess people's abilities and interests to facilitate career planning and job acquisition. Organizations should take on the challenge of creatively planning beyond available or known jobs and to focus on careers and life's work for people.
- Continue to develop strategies for discovery of what is important to people and develop skills for people supported and organizations to translate priorities and preferences into visions and goals for the future. It is especially important for organizations to expand their listening skills so that everything a person does, particularly people who do not use words, is understood as potentially a form of communication.
- Organizations are encouraged to build on their exploration of people's personal definitions of intimacy so that they are able to develop supports that assist people in achieving their desired level of intimacy, and express intimate thoughts/feeling with the preferred person(s) and in their preferred manner.

AUTONOMY is the way we define and control our surroundings and the events that are closest to us; our physical environment, daily schedule, needs for privacy, and control over privileged and personal information. Autonomy is about a person's control over life events.

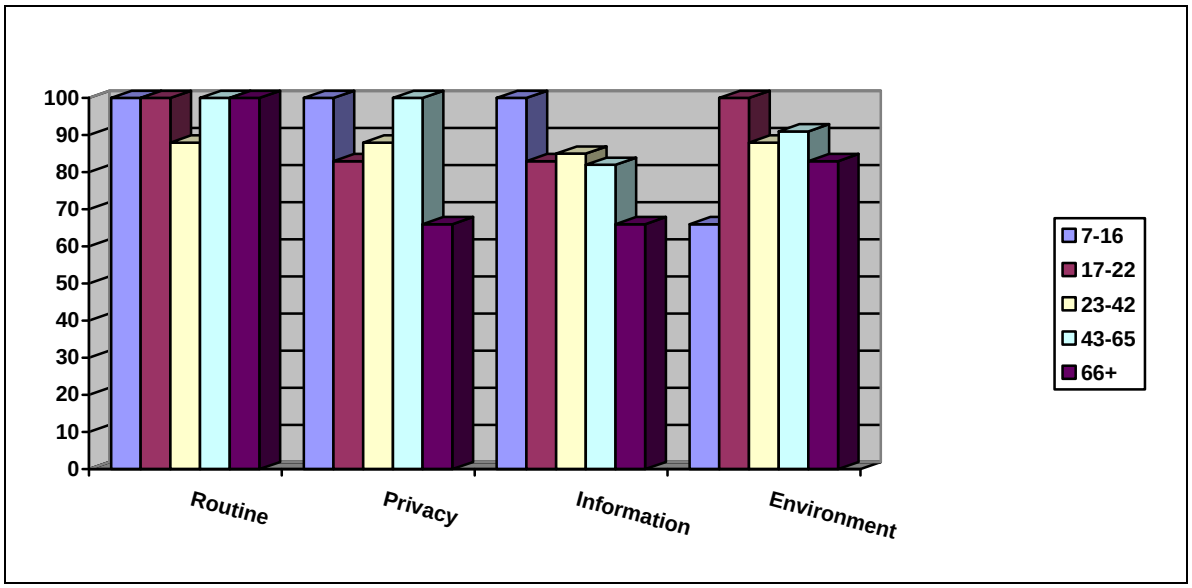
Age Range

Overall outcomes and supports in the area of Autonomy were strong all people interviewed during reviews in 2005-2006. In fact, the data indicates an increase for each outcome and support from the 2004-2005 data with one exception; supports for privacy decreased by just over 2%. The areas with the greatest increase are outcomes for privacy, personal information, and use of environments. For the first two, this seems to be the result of people ages 7-16 being represented in the sample this year, as the numbers for other age groups are not significantly higher from the previous year. For using environments, this increase can be attributed in part to an increase of almost 25% for people ages 17-22. The data show that the outcomes for people between the ages of 17 and 22 were above 80 percent for all outcomes. Almost as strong in all outcomes were the age groups of 23-42 and 43-65. The age group of people over the age of 65, while not having quite the same number of outcomes of the other age groups, still showed strength in this area, with all outcomes at least at the 65 percent level.

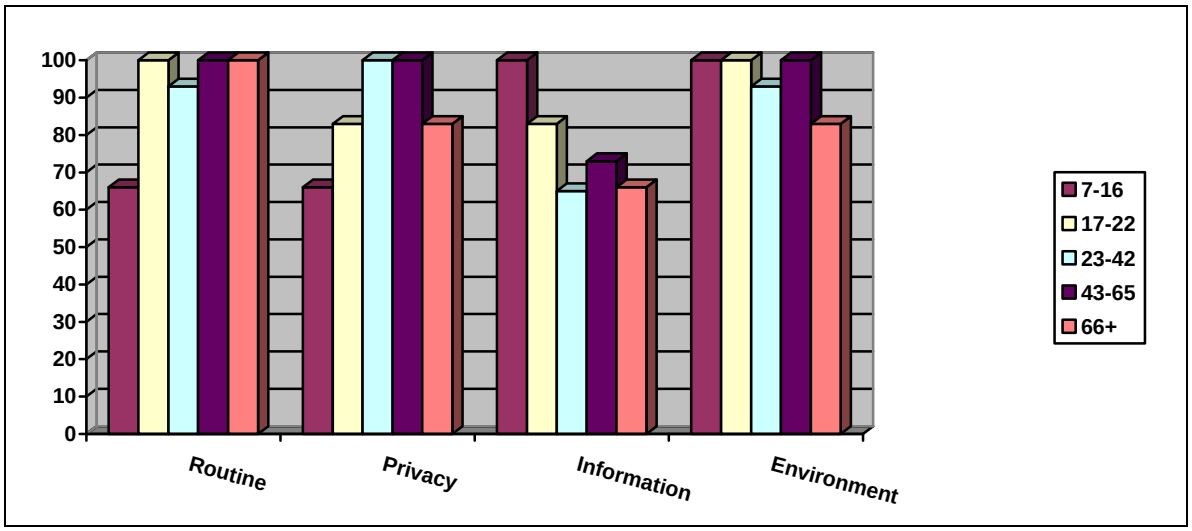
Supports for all outcomes in this area were strong, although supports appeared to be weakest for the age group of people over the age of 65. The trend of increased supports for this age group continues, particularly for choosing routine and privacy. Also of note is that supports for privacy and using environments increased for people ages 17-22 since the last review year.

Comparisons with 2003-2004 and 2004-2005 data suggest that the area of autonomy continues to be a strength for organizations in South Dakota. It also suggests that it is appropriate to continue to explore preferences and strategies for privacy, sharing personal information, and using environments for people over the age of 65. While there appears to be some opportunity in the areas of choosing routine and privacy for children ages 7–16, the small sample size (3) and lack of comparative data makes these percentages less significant.

Graph 3.1 Percentage of outcomes achieved by various age groups – Autonomy



Graph 3.2 Percentage of supports achieved by various age groups – Autonomy

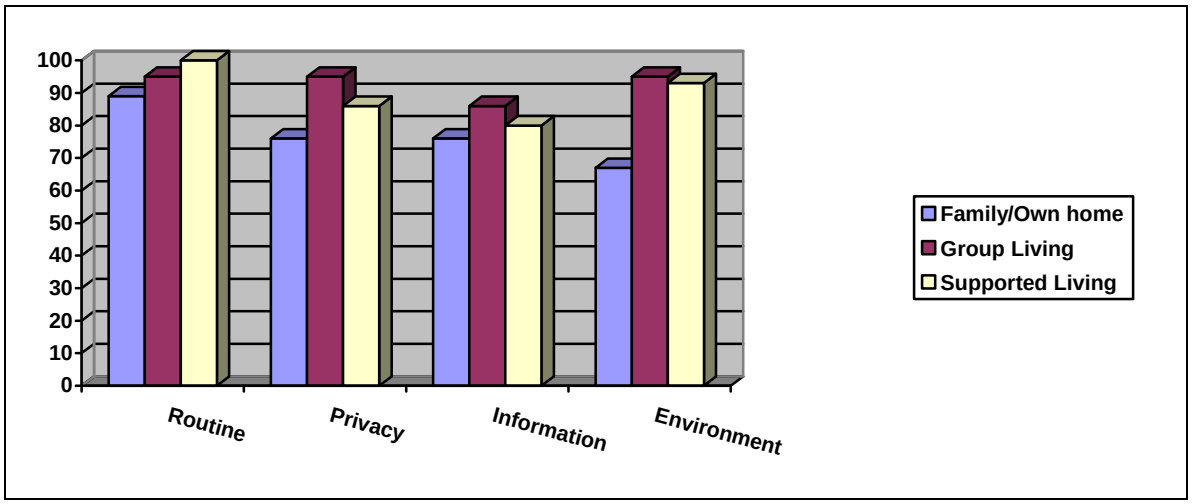


Type of Living Arrangement

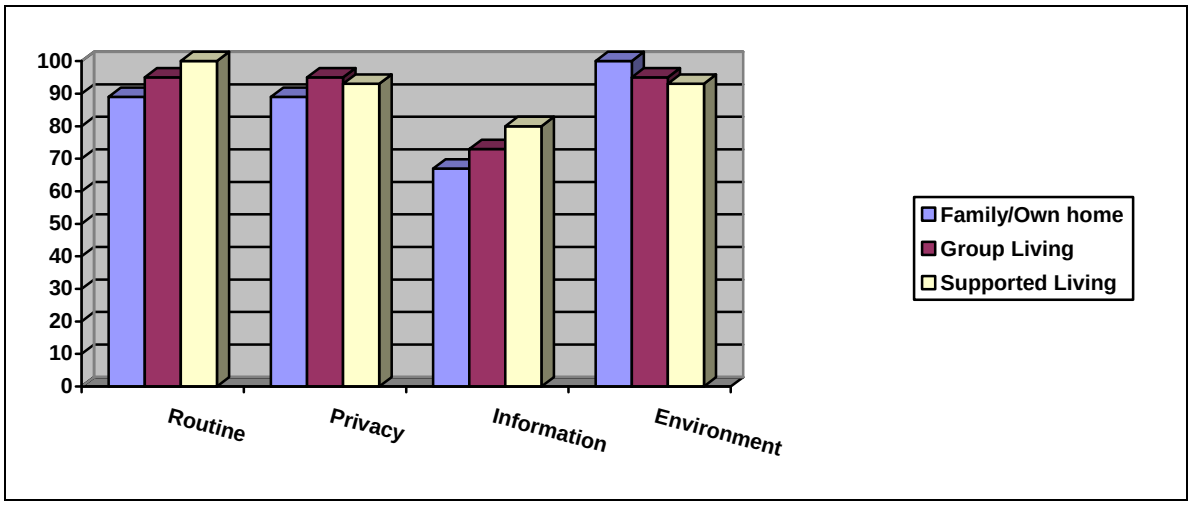
Somewhat surprisingly, people reported to be living in group situations have the highest percentage of outcomes present for privacy, personal information and using environments. Supports for privacy are also higher for this group than for people in the other types of living situations and are strong for personal information (almost 75 percent) and use of environments (over 90 percent). However, as might be anticipated, for people living in their own home or in a family home, the outcome and support for sharing personal information presents the most challenges. In fact, for all three types of living situations the supports for sharing personal information were lowest in the area of autonomy.

Comparison with figures from previous years indicates a persistent strength of supporting people to choose their daily routines. Interestingly, there is also some indication that there has been increased support for use of environments in homes of people living with their own families. While the outcome is present for just over 60 percent of people interviewed, all people reported receiving support to more fully use their environments.

Graph 4.1 Percentage of outcomes achieved by living arrangement – Autonomy



Graph 4.2 Percentage of supports achieved by living arrangement – Autonomy



Strengths and Commendations:

- Autonomy was a strong area for all organizations reviewed in 2005-2006.
- People interviewed had control over their daily routines and were strongly supported in this area.
- People appeared to have the time, space and opportunity for privacy they desired.

- Most people interviewed had free access to all the environments they frequented. Not only was access available to residential and day or work programs, but transportation was provided to assure access to the community.

Recommendations and Opportunities:

- Support people to take more ownership and responsibility in the keeping of information that is important to them. Think creatively about ways that people's books or records can be personalized.
- Increase supports for educating people about their individual files in order to support them to make more informed choices about whom to share this information with. Continue to ensure that all consents and releases are specific and reasonably time-limited
- Consider the role of guardians in protecting personal information. For instance, even when people have guardians, recommend protocols to ensure they are asked to give their consent first, then ask consent from the guardian. For people supported who do not have guardians or legal representatives, ensure they have ample and varied opportunities to learn more about the contents of their record.

AFFILIATION describes our connections to other people. Each of us chooses who we want to spend time with, where and when we get together, and what we do. These relationships add dimension to our lives. They expand our experiences and enrich how other people view and interact with us. The community is the place where we meet and interact with friends, families, neighbors, co-workers, peers and other people. These opportunities and experiences give us a sense of belonging and connection.

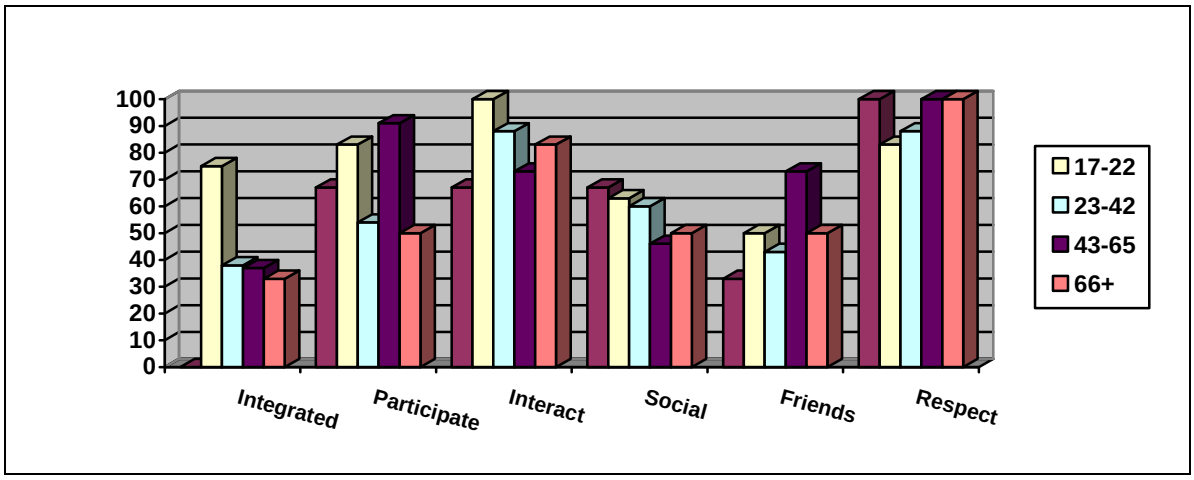
Age Range

The area of Affiliation continues to represent an area in need of enhancement. The average number of outcomes decreased for integrated environments, and participation and interaction in the community, and with friends. Supports decreased for integrated environments and friends. The most dramatic decreases were for the outcome and support for friends – a decrease of 11.7 percent and 16.9 percent respectively. Contrary to 2004-2005, when the 17-22 year age group had fewer outcomes than people in other age groups for every area, data for the same age group indicates significant increases for each outcome in 2005-2006. The relationship between supports and outcomes is clearly seen in the results for Affiliation with similar trends in strength. Also, the supports for social roles increased the most and the greatest increase in the percentage of outcomes present is also reflected in social roles. Percentages for people aged 23-42 are very similar to previous years' reports for all outcomes and supports though there is an increase in both for social roles and a decrease in both for friends. There is a more obvious increase in all outcomes and supports for people aged 43-65. However, for people over the age of 65, all outcomes except respect are present for fewer people and the supports are fewer for integration, social roles and friends.

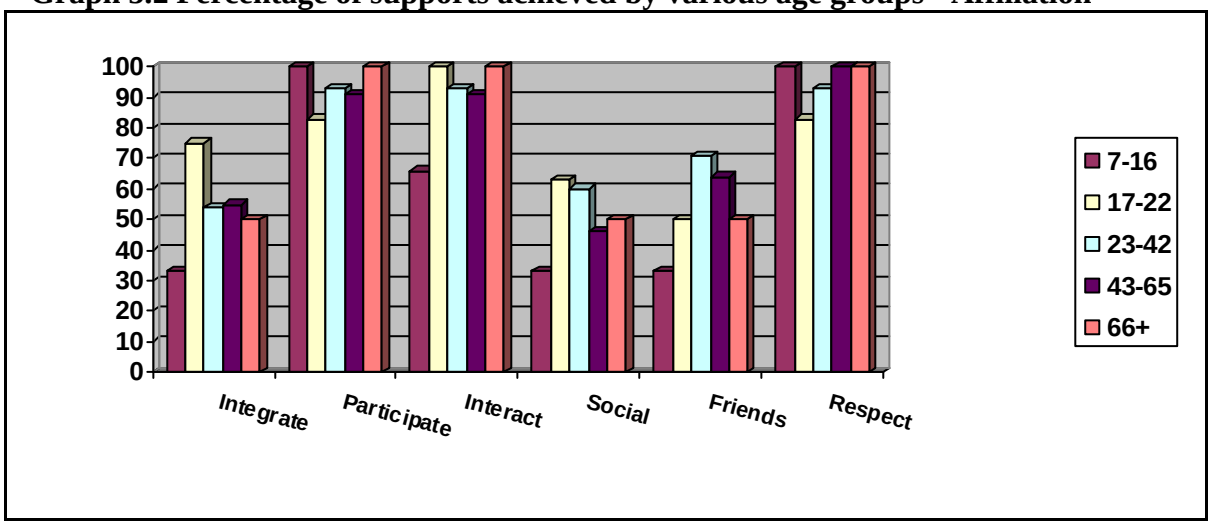
Comparison with the 2004-2005 data reveals some changes in trends including strengthening in outcomes and supports for younger people and perhaps an opportunity to revisit issues of affiliation for people over the age of 65. Additionally, it seems that organizations are experiencing some success in supporting people to develop social roles though this

continues to be an area with the fewest outcomes and supports present overall. Finally, it seems that for all ages, friendships are very important and while supports have been emphasized with some success for 17-22 year olds, there is a pattern of fewer supports present for other age groups.

Graph 5.1 Percentage of outcomes achieved by various age groups – Affiliation



Graph 5.2 Percentage of supports achieved by various age groups - Affiliation



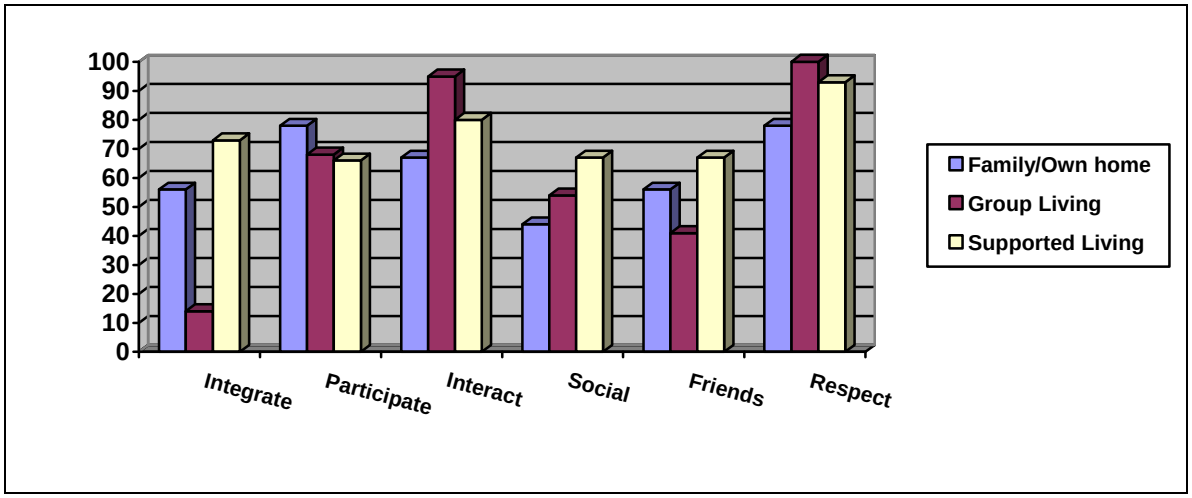
Type of Living Arrangement

It is not surprising that both the outcome and support for integration is lowest for people reported to be living in group situations. However, 100 percent of people with that type of living situation are being supported to participate and interact in the community at the type and frequency that they desire. This is an equal or higher percentage of support than for people in other supported living, or their own or family home situations. Social roles and friends represent the greatest opportunities for increased outcomes and supports for people living in all three types of living situations and there is the least amount of variance

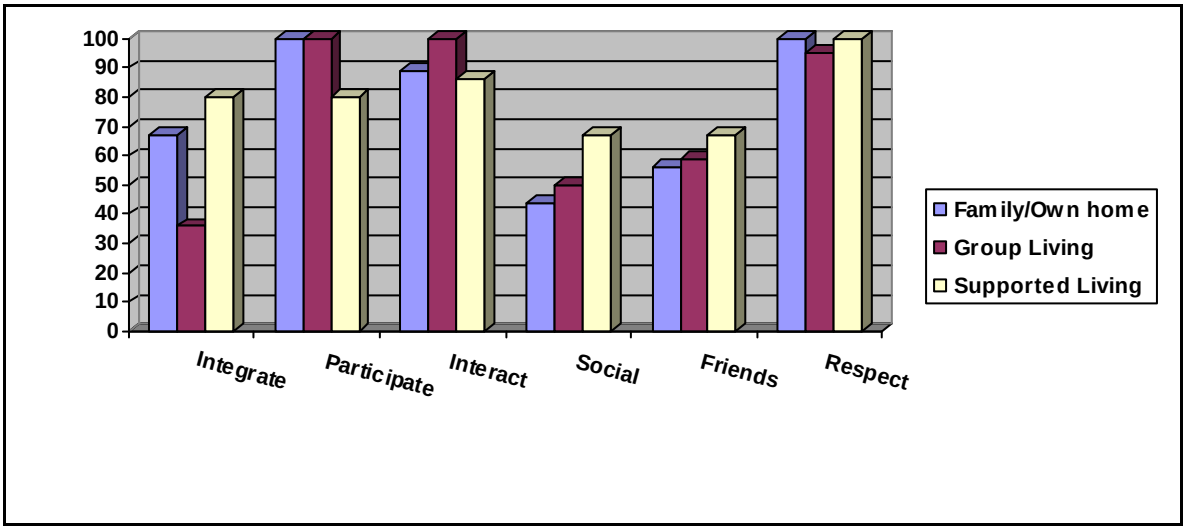
percentage present. As with the breakdown by age group, the connection between supports and outcomes is most consistent for social roles.

Overall, in comparison to data from the 2004-2005, organizations appear to emphasize respect with very little variance between types of living situation and with positive results. People living in their own homes or family homes have the fewest outcomes for respect present, but the data are close to 80 percent and are very similar to previous years' data.

Graph 6.1 Percentage of outcomes achieved by living arrangement – Affiliation



Graph 6.2 Percentage of supports achieved by living arrangement – Affiliation



Strengths and Commendations:

- Respect is a strength for organizations in South Dakota. CQL staff noted that this was observed during nearly all of the interactions during accreditation reviews. Notably, for several reviews, CQL commended organizations for the respect that staff show to their colleagues and the positive effect this has on the overall culture of respect in the organization. Cited as evidence of this were responsiveness, high energy levels, high expectations and a commitment to change.
- Many people participate in the community and interact with others to the extent they wish.

Recommendations and Opportunities:

- Continue with emphasis on building supports that may result in meaningful social roles. Consider specifically the following strategies:
    1. Expand staff development opportunities to help better define, recognize and support social roles.
    2. Develop system for discovery that will encompass people's personal definition of 'social role' including interests, preferences, and potential type and frequency questions.
    3. Develop a community and staff assessment to locate possibilities and resources within the community that provide opportunities for social roles to develop.
- Expand on existing and develop new systems that will support the individualized development of friendships. Consider specifically the following strategies:
    1. Train staff in a discovery process that uncovers personal definitions of friendships including common interests, and the type, frequency and scope of relationship questions that help distinguish between friends and acquaintances.
    2. Develop systems of support that enhance the likelihood that people will develop friendships because they are spending time with people who share their interests.
    3. Consider ways to build connections with people outside the disability community, particularly neighbors, co-workers, and other community members by looking for opportunities to give back to the community.

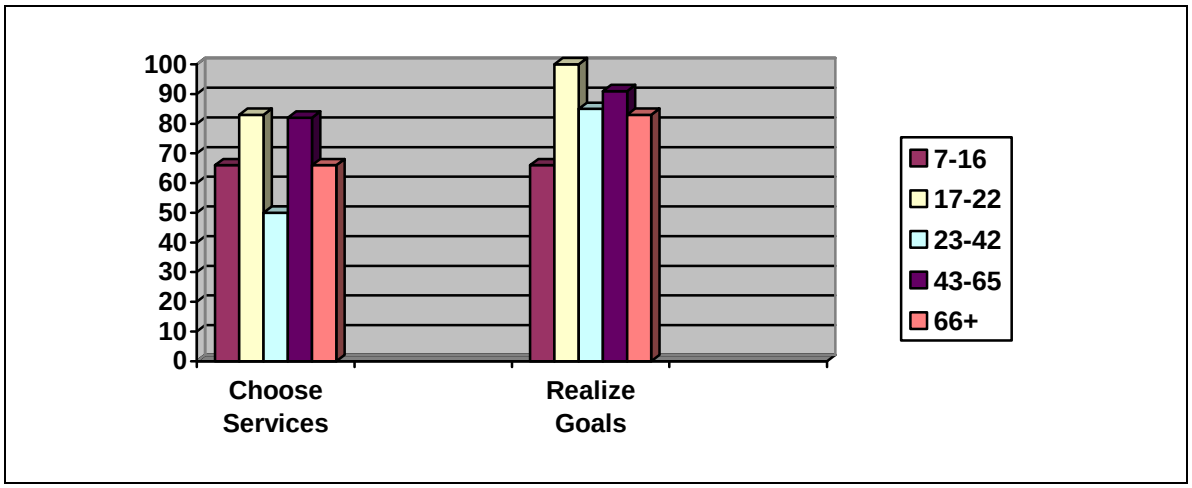
ATTAINMENT identifies how people define success in both personal and social terms. In some instances, people define goals and services in very personal terms. At other times, services and goals can reflect commitment to a group of people, an association, a cause, or even a sense of community. People find some degree of individual motivation by successful accomplishment. This motivation is individually defined and varies from person to person. Time frames, types and levels of support, and the person's definition of success influence the choice of individual goals and services and supports.

Age Range

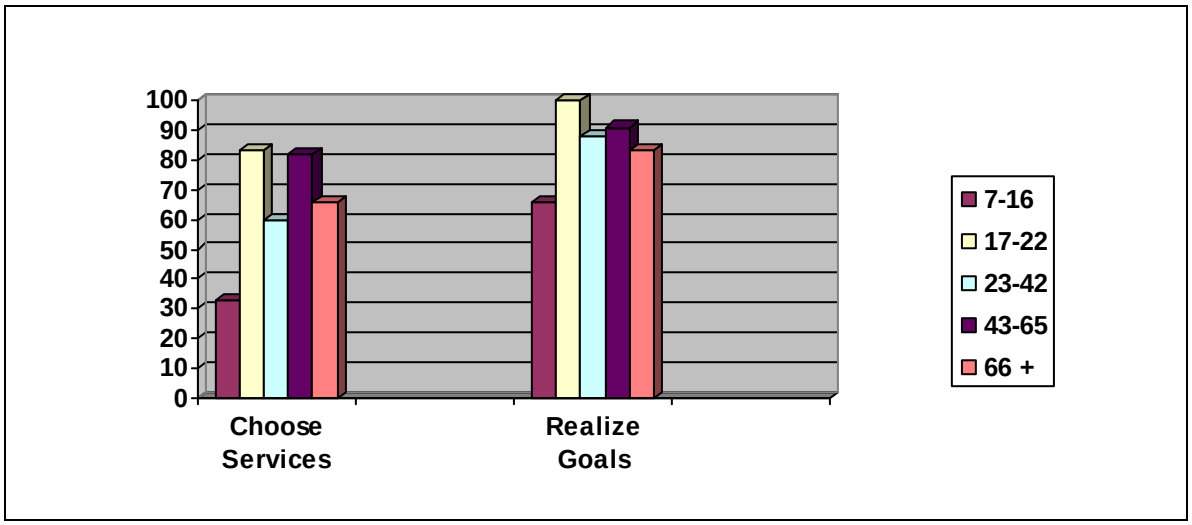
There is a slight decrease for both outcomes (choosing services and realizing goals) and the support for choosing services in the area of Attainment. For choosing services, the data for two age groups show an increase in the outcome (people ages 17-22 and 43-65) in comparison to 2004-2005 data; and for two age groups there is a decrease (people ages 23-42 and over 65). Supports for choosing services for people ages 23-42 decreased from 75 percent in 2004-2005 to 60 percent in 2005-2006. However, for the outcome of realizing goals, only those people over the age of 65 reported a decrease in the presence of the outcome. In fact, both outcomes and supports decreased for both outcomes for people over 65. For all other age groups, supports for choosing services and realizing goals stayed essentially the same or increased with the one exception noted above. Most people in all age groups appear to have achieved something significant, with support from the organization, in the past two years. The graphs showing supports for choosing services and realizing goals almost exactly mimic the graphs showing the achievement of those outcomes, indicating that there is a direct correlation between the realization of these outcomes and the understanding, supports and services provided by the organization.

It is interesting to note that over the past three years there is a trend to reverse a pattern from year to year. Specifically in 2003-2004, there appears to be a descending stairstep. In other words, the 17-22 year age group had a higher percentage of outcomes than the 23-42 year age group, which had a higher percentage of outcomes than the 43-65 year age group, which had a higher percentage of outcomes than the 65+ year age group. This pattern was essentially reversed in 2004-2005 with a general trend toward increased percentage for each successively older age group (this is particularly true for outcomes and supports for realize goals). The data for 2005-2006 indicates that with two exceptions, there is a return to the descending pattern. The first exception is for 7-16 year olds, but is not significant due to the small sample size (n=3). The second exception is for the 23-42 age group. This represents the largest portion of the sample as broken down by age (n=18), and suggests that it might be important to focus on supports for Attainment for adults who are no longer in school and not yet considering retirement options.

Graph 7.1 Percentage of outcomes achieved by various age groups – Attainment



Graph 7.2 Percentage of supports achieved by various age groups – Attainment

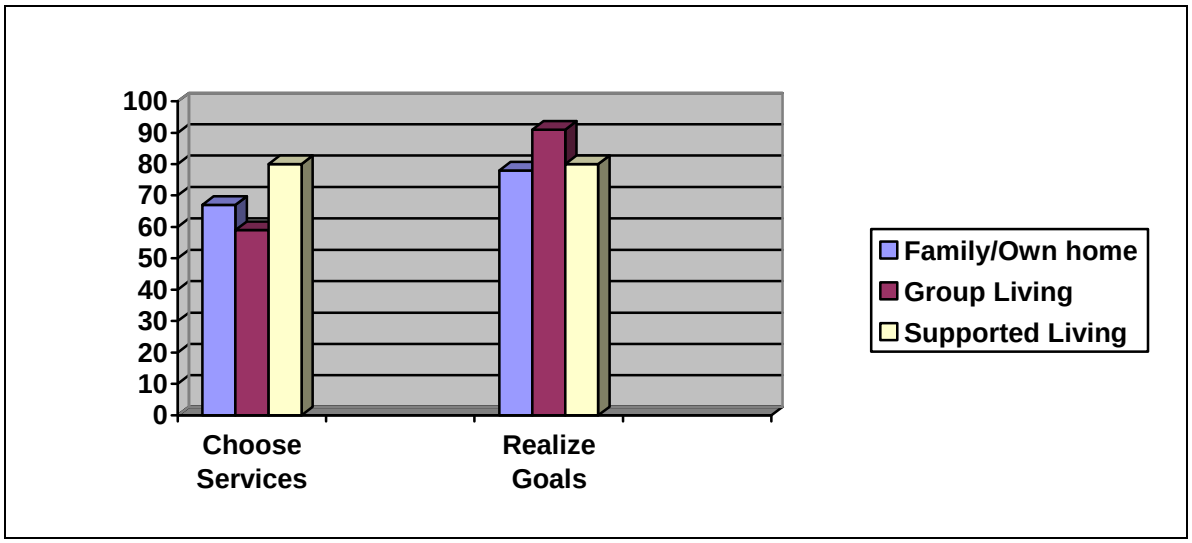


Type of Living Arrangement

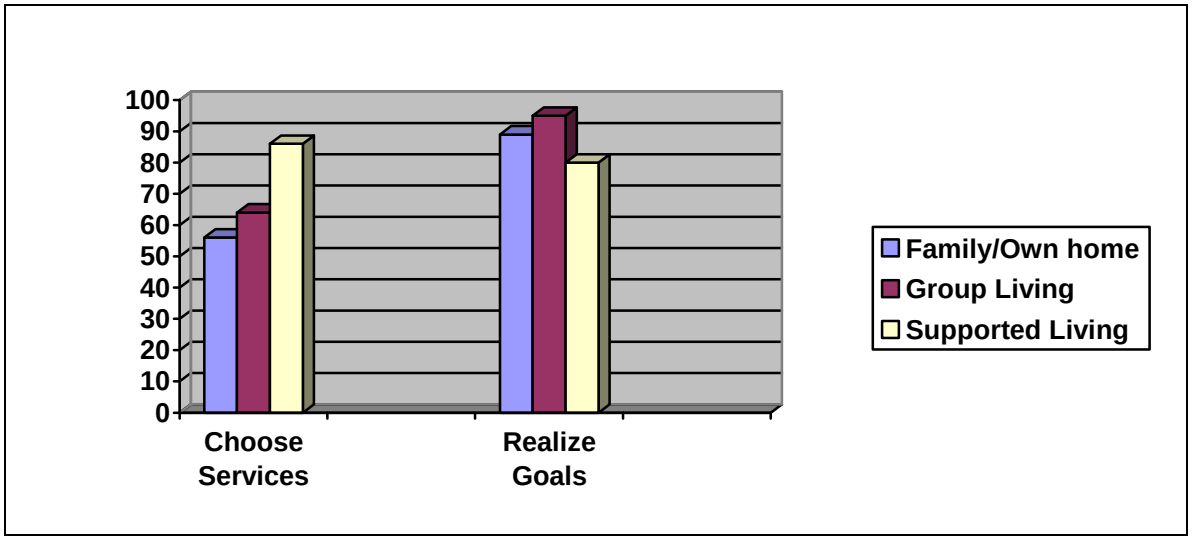
2005-2006 data indicate that people living in group situations are less likely to have the outcome of choosing services present. Conversely, people in this living situation are most likely to have the outcome, as well as the support for realizing goals present. Interestingly, people living in their own homes or in family homes are least likely to have the support they need to make choices about services. For people supported primarily by the organization (group or supported living), the supports for both outcomes are equal to or higher than the percentage of outcomes present. For people living in their own homes or with family, support to choose services is not as high as the outcome. This suggests that organizations may not be aware some people living with families or on their own are making their own choices, or are receiving some other support to choose services that they desire. There is little to no variance between types of living situations or between percentage of support and percentage of outcome present for realizing goals. Additionally, most people regardless of living situation have received support to accomplish something of personal significance in the past two years.

In 2004-2005, data show successively lower rates of achieving the outcome and support for choosing services as the living arrangement increases in size. 2004-2005 data also indicate stronger supports are available to people living in situations of more than four people and that the outcome of realizing goals is higher than previously for people living in groups of four or more. While it is difficult to confirm given the change in breakdown from size to type of living arrangement, it is possible that the trend is continuing based on the relatively strong percentages for people in group living situations in the 2005-2006 data.

Graph 8.1 Percentage of outcomes achieved by living arrangement – Attainment



Graph 8.2 Percentage of supports achieved by living arrangement – Attainment



Strengths and Commendations:

- The majority of people have a significant life-enhancing goal that they have achieved within the past year or two and report organization support to do so.
- Many organizations reviewed in 2005-2006 are taking significant steps in increasing the role of people supported in the choice of their services and service providers.

Recommendations and Opportunities:

- Promote choice of services by presenting a full menu of available options for all services people request or require. Support people to learn about the numerous services available to all citizens in their communities. Promote the choice of physicians, dentists, speech therapists, pharmacies, banks, etc. Support people to individually evaluate the most important aspects for selecting service providers, such as appointment availability after hours, free checking or accessibility of ATMs, etc.
- Evaluate creative ways to involve people receiving supports in multiple aspects of the human resources continuum.Use data about individual needs to assist in screening and recruitment of potential staff. Continue to support people in the hiring of their staff and all staff that will be working with them directly or indirectly. Explore opportunities for people supported to be involved in staff training and development. Expand efforts to solicit feedback from all individuals regarding the strengths and possible areas needing additional training or attention with each staff being evaluated.

SAFEGUARDS help us to feel secure and safe. Sometimes, we feel safer because of the people around us. These close family members and friends are as concerned with our well-being as we ourselves are. With their support, we feel greater protection and strength. We know that we can count on them to act on our behalf. In the service and support organization, health and safety codes, building ordinances, and other licensing requirements are clearly defined. Complying with these requirements will promote, but not guarantee, safety. It is important to adhere to these guidelines for environmental safety. In addition, the organization must understand each person's capabilities and personal concerns and individualize building adaptations, policies and procedures, and support systems to further safeguard people's lives.

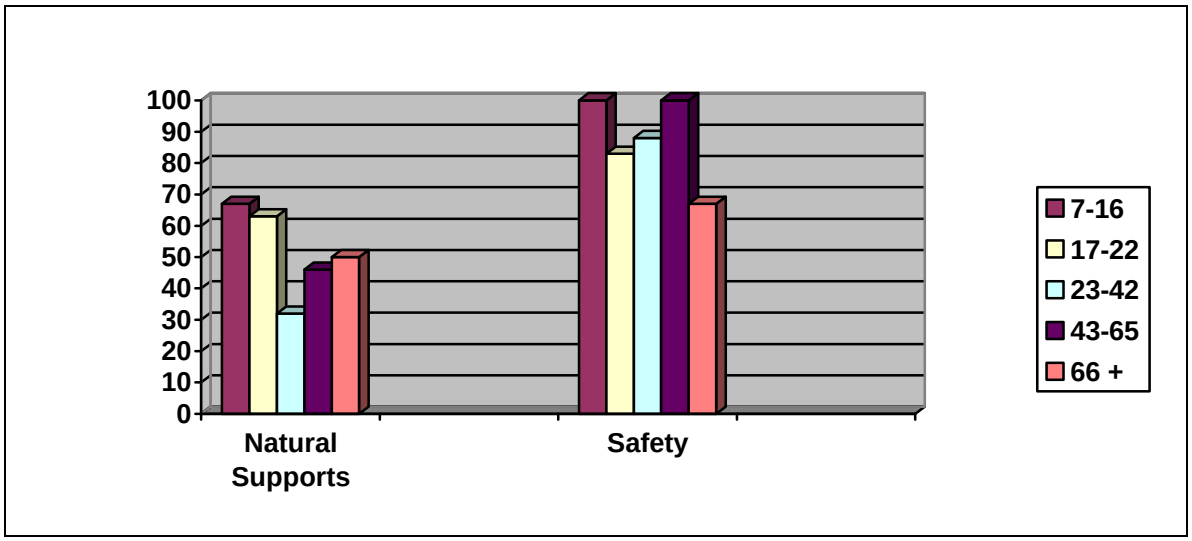
Age Range

Overall for the Safeguards area there is a significant reduction in outcomes and supports for being connected to natural support networks, while there is a significant increase in the outcomes and supports for safety.

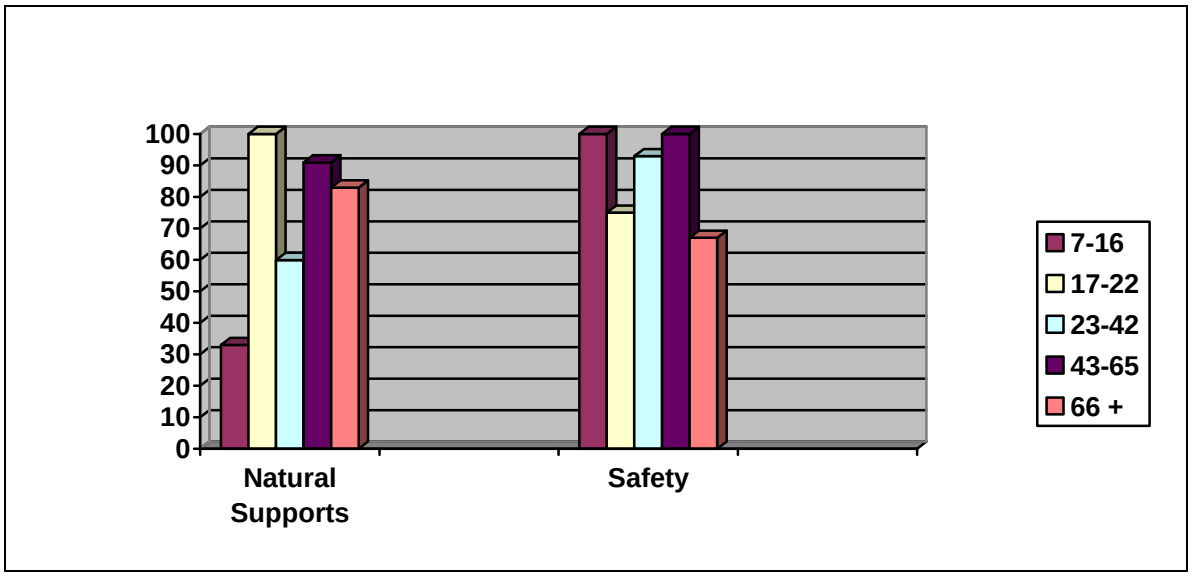
When evaluating the data for natural supports by age groups, there do not appear to be any consistent trends from 2004-2005. For instance, people ages 17-22 have fewer outcomes but continue to have 100 percent of supports present. While for people ages 23-42, there is a significant reduction in both outcome and supports. People ages 43-65 show a slight reduction in outcomes but a significant increase in supports, and data for people over 65 show a significant reduction in outcomes and a slight increase in supports.

For safety, both outcomes and supports increased from the 2004-2005 data for all age groups with the most significant increase occurring for people age 43-65 – both being present for 100 percent of the sample of 11 people interviewed in this age range. The reductions in percentages for people 66 or older could be due to sample variance. In 2004-2005 only three (3) people were interviewed as opposed to six (6) people interviewed in that age range during the 2005-2006 reviews. Patterns of support are similar as patterns of outcomes for all age ranges for safety in the 2005-2006 data.

Graph 9.1 Percentage of outcomes achieved by various age groups – Safeguards



Graph 9.2 Percentage of supports achieved by various age groups – Safeguards

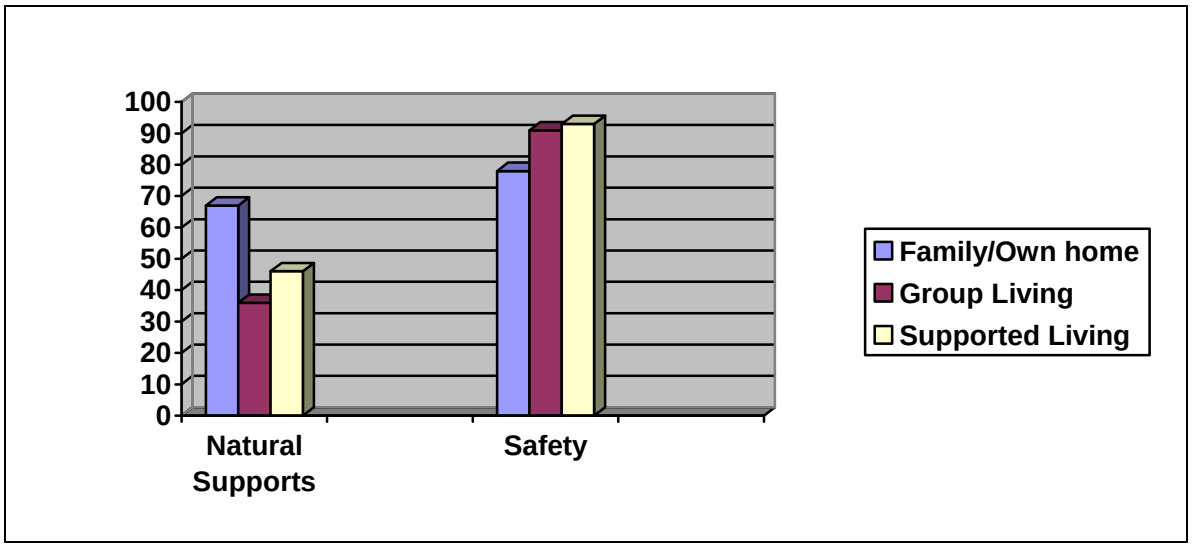


Type of Living Arrangement

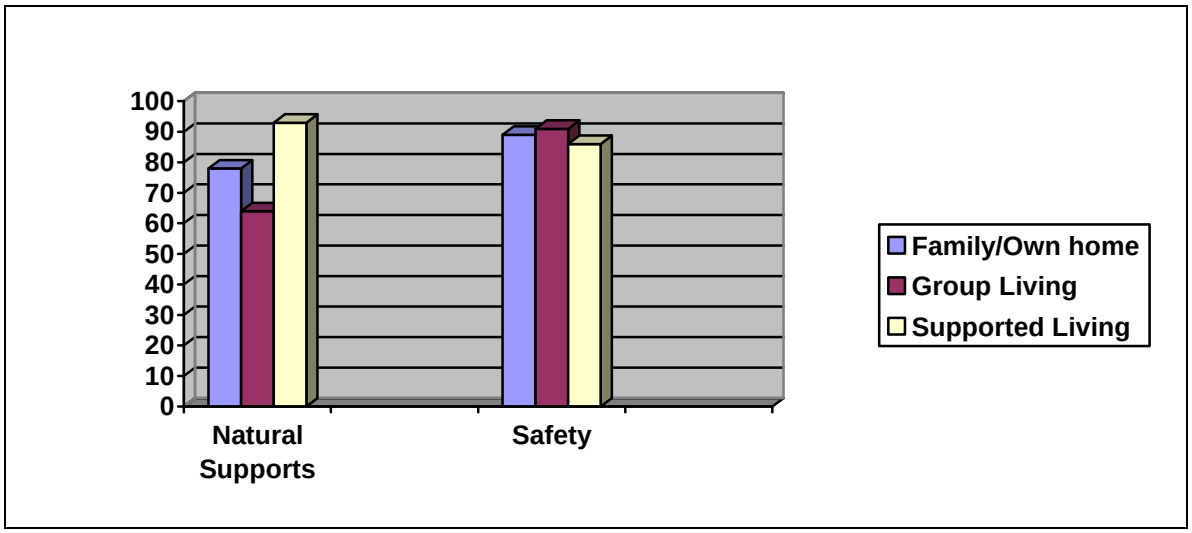
The achievement of outcomes in the area of natural supports seems to be correlated to the person's living situation. As might be expected, those living with their natural families appear to have the highest percentage of people who are connected to natural supports. Those people living in group situations have a lower rate of being connected to natural supports than those living with family or other supported situations. Supports for all three types of living arrangements are higher than the outcomes and reflect the same general pattern, although the highest percentage of supports reported is among people in supported living arrangements and is over 90 percent present.

The outcome of being safe is found least often among those who live with family or in their own homes. This is similar to data reported in 2004-2005 and to a trend observed by CQL Quality Enhancement Specialists for a number of years that less attention to assessing safety is often paid to those who live more independently or with families. However, data for supports for safety for people living with families or in their own homes is significantly higher in 2005-2006 (almost 90 percent up from 50 percent supports present). More importantly, while still lower than other living situations, this has resulted in an increase in the outcome for safety from just over 30 percent in 2004-2005 to almost 80 percent in 2005-2006. In fact, outcomes and supports for people living in group situations and for other supported living environments are present over 80 percent of the time indicating that this is an overall strength for organizations in South Dakota reviewed during 2005-2006.

Graph 10.1 Percentage of outcomes achieved by living arrangement – Safeguards



Graph 10.2 Percentage of supports achieved by living arrangement – Safeguards



Strengths and Commendations:

- Outcomes and supports for safety indicate that organizations in South Dakota recognize and understand the importance of paying attention to safety. They assess for individual concern and support people to understand emergency procedures including severe weather and fire safety.
- In most organizations there is evidence of efforts to support people in remaining connected to natural supports, and a commitment to providing people with opportunities to re-connect with and maintain natural support networks that have been important to them in the past.

Recommendations and Opportunities:

- Explore connections for people with extended family members to ensure that all efforts are being made to identify and connect with people who may become a part of the natural support network.
- Explore creative ways to expand strategies for remaining connected to natural support networks. Additional avenues for communication might be considered including videos, e-mails, hosting family gatherings, as well as working closely with the family to continue to encourage visits, phone calls and/or cards and letters.
- Explore the development and nurturing of natural supports outside of the family. This is especially true if people do not have family members that provide them with a support network or if a family or the person has chosen to sever the connection.
- Assure that people have an opportunity to learn about and practice personal safety information. Individualize plans to learn such things as personal response to potential abuse, to injury, to a clothing fire, or to identify a second means of egress from their homes or apartments, to name a few.

RIGHTS for people with disabilities are the same as for all other citizens. People identify those rights that are most important to them and organizations help each person to fully exercise his or her rights. Supporting people to exercise their rights goes well beyond removing barriers. We begin with information, education and discovery of how each individual identifies rights for him or herself.

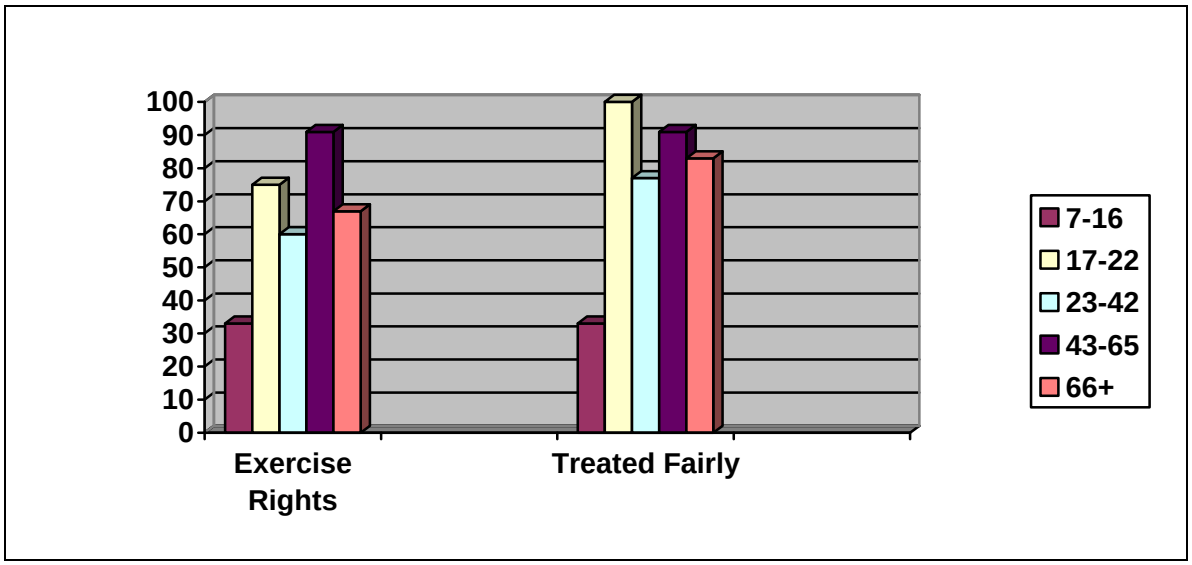
Age Range

The exercise of rights and fair treatment issues has increased for both outcomes and supports. The biggest increase is in supports for rights. When evaluating the data by age groups, this increase is accounted for in two age groups. People ages 17-22 have an almost 10 percent increase in support for rights, and people ages 43-65 have an almost 20 percent increase. Two other age groups have decreased. The pattern in outcomes for rights is virtually identical and relatively strong with over 60 percent of people in most groups reporting they are exercising their rights and have support to do so. Outcomes and supports for rights are strongest for the 43-65 age group. The exception to this is the 7-16 age group with only 30 percent reporting they have the outcome and support present. However, the sample size for this age group is only three (3) people and this renders the data less significant. Additionally, there is no data from the previous year with which to compare.

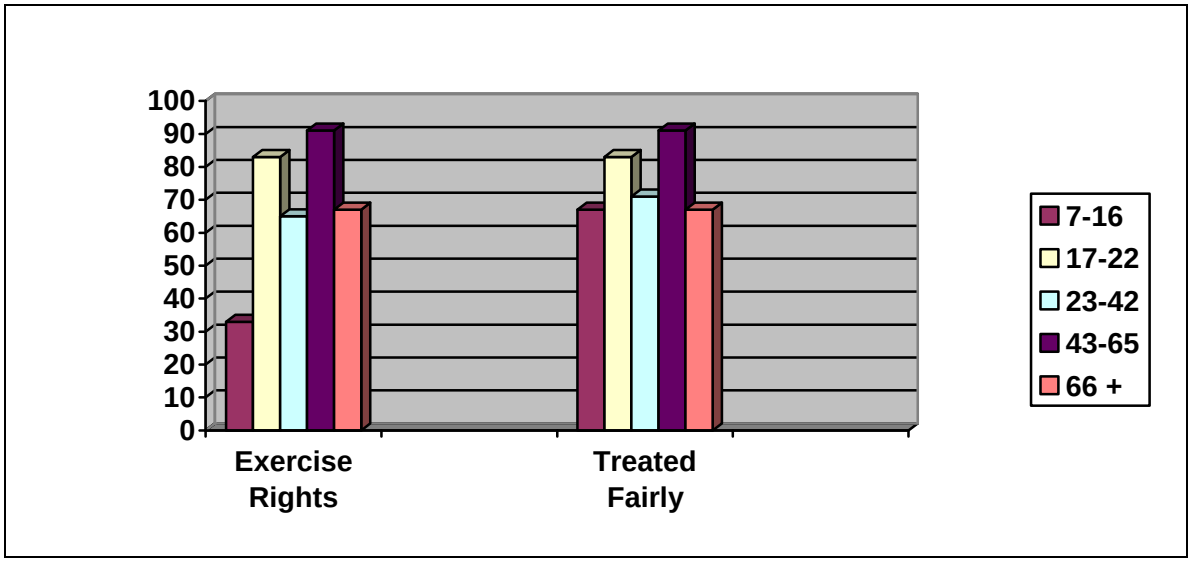
When evaluating the data for being treated fairly, it appears that data for all age groups, including 7-16, is strong with 65 percent or more of people interviewed reporting that the support is present. However, outcomes for most age groups are even stronger than the support for being treated fairly. Excluding the 7-16 year olds (with just over 30 percent of the outcome present), the data appear to be strong for all age groups that were a part of accreditation review samples in 2005-2006. The remaining age groups report 75 percent or greater presence of the outcome for being treated fairly. In fact, 100 percent of people ages 17-22 report this outcome present.

As with rights, the biggest increases for being treated fairly occur for the 17-22 and 43-65 age groups. Data comparisons with 2004-2005 indicate an increase in both the supports and outcomes for being treated fairly except for those in the 66 and over age group. For people ages 17-22, the outcome has increased from just over 50 percent in 2004-2005 to 100 percent in 2005-2006, while the support has increased from 70 percent to over 80 percent respectively. For people ages 43-65, in 2004-2005 the outcomes and supports were present for approximately 70 percent of the people interviewed. In 2005-2006, the percentages have increased to approximately 90 percent for both outcomes and supports. It would appear that organizations reviewed in 2005-2006 have continued to expand their efforts to support people to exercise their rights and to have fair treatment, including due process for limited rights.

Graph 11.1 Percentage of outcomes achieved by various age groups – Rights



Graph 11.2 Percentage of supports achieved by various age groups – Rights



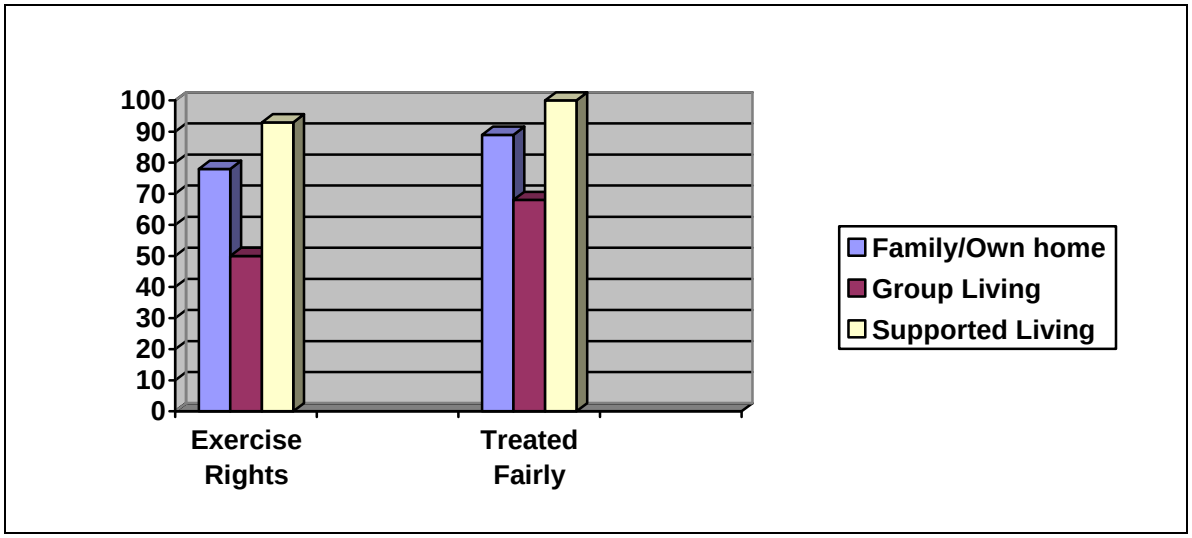
Type of Living Situation

The exercise of rights and fair treatment appears to be closely correlated to the type of the living situation. People living with families or in their own homes, as well as people living in other supported situations are more likely to be exercising their rights and being treated fairly than people living in group settings. Somewhat surprisingly, the supports are also more likely to be present in those situations. Only 50 percent of people living in group situations report that they are exercising their rights, with only a slightly higher percentage reporting they have

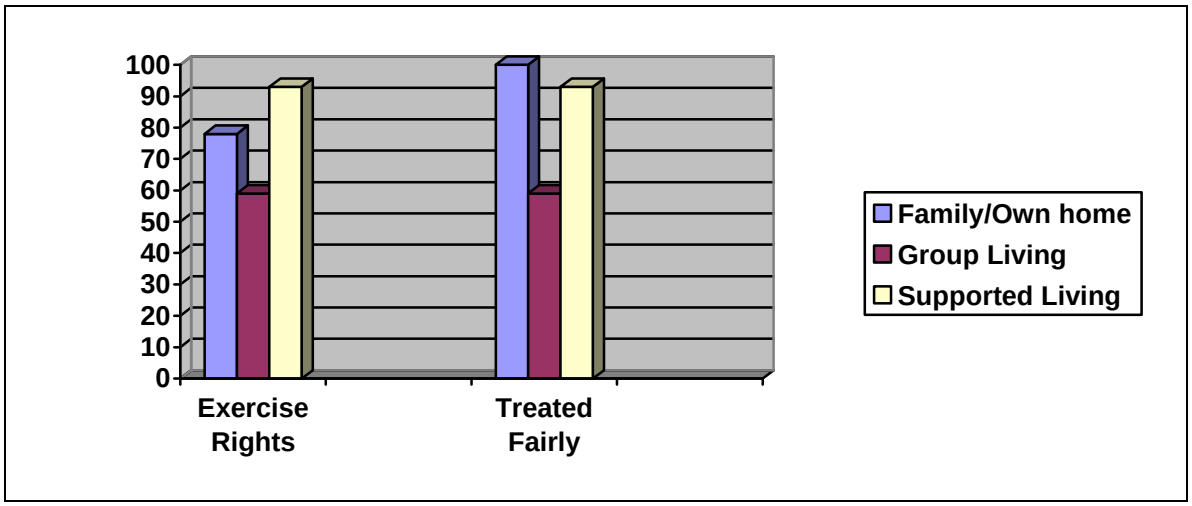
support to do so. Supports for people in this type of living situation to be treated fairly are identical, just under 60 percent, however the outcome for treated fairly is somewhat higher, almost 70 percent. The strongest outcomes for both rights and treated fairly are for people who are reported to receive some type of supported living services. Both outcomes and supports are 90 percent or greater for this group. Though lower than other types of living arrangements, the data for people living in their own or family homes indicate that outcomes and supports for rights are strong at almost 80 percent for both. Data is even stronger for being treated fairly in this type of living situation with almost 90 percent of people interviewed reporting the outcome present and 100 percent reporting they have support to be treated fairly.

A general comparison with 2004-2005 data is consistent in both supports and outcomes for all types of living situations. 2004-2005 data show a range from 60 percent to 90 percent presence of outcomes and supports, with large group living situations providing the most opportunity for improvement. 2005-2006 data show a range from 50 percent to 100 percent with group living situations presenting the most opportunity for improvement. This indicates that a statewide trend of emphasis on supporting the exercise of rights and fair treatment continues from the past two years. It also suggests that the focus should remain on discovering the most effective supports for rights and fair treatment for people that live with other people receiving supports.

Graph 12.1 Percentage of outcomes achieved by living situation – Rights



Graph 12.2 Percentage of supports achieved by living arrangement – Rights



Strengths and Commendations:

- Most organizations are using creative ways to promote rights (training for Human Rights Committees and establishment of Quality of Life Committees) and tools to ensure that restrictions are truly only imposed as necessary to ensure health and safety for people supported (Rights and Restrictions Decision Tree).
- Organizations continue to improve supports designed to assist people to exercise the rights that are most important to them.
- Many people interviewed felt they were treated fairly and knew what to do to file a grievance in the event they felt they had been treated unfairly.
- There appears to be increasing commitment among organizations to positive supports. This is evidenced by a decrease in the number of restrictive practices, the elimination or reduction of medications, being supported at the earliest and most appropriate opportunity, and significant efforts to enhance self-direction of services.

Recommendations and Opportunities:

- Ensure that all people who take psychotropic medications have a thorough psychiatric evaluation which includes descriptive symptoms that match the person's diagnosis. Psychiatric evaluation and ongoing follow-up is essential when people are receiving medication for psychiatric disorders.
- Ensure that all medications utilized for the control of behavior are reviewed by the Human Rights and Behavioral Support Committees and recommendations for reduction or possible elimination are considered.
- Assess the need for guardianship (legally authorized representative) or the continuation of guardianship, need for advocacy, and surrogate decision makers, at least annually. This should include a review of people's decision-making abilities to help determine the extent that guardianship or other alternatives are still appropriate. Whenever possible, these decision makers should be actively involved with the daily life of the person.

- Develop systems that both protect and promote people's rights. Consider specifically the following strategies:
    1. Systems to support staff to develop skills in assessing and understanding people's priority rights and preferences for exercising those rights.
    2. Protocols for implementing experiential rights education for people supported (i.e. going to voting boothes, visiting various churches, etc.).
    3. Refine and enhance tracking systems to ensure that all limitations go through due process and that people experience those systems as fair, impartial and effective.

HEALTH AND WELLNESS include the outcomes of best possible health, freedom from abuse and neglect, and continuity and security. These outcomes contribute to our sense of health and well-being. Services and supports address physical and mental health care needs that enable each person to experience the best possible health given his or her unique profile and status. Situations of abuse and neglect are unacceptable. Organizations must take action to prevent and respond to any allegations of abuse, neglect, mistreatment or exploitation. Another aspect of personal well-being is the impact of change. Services and supports should promote continuity and security for people.

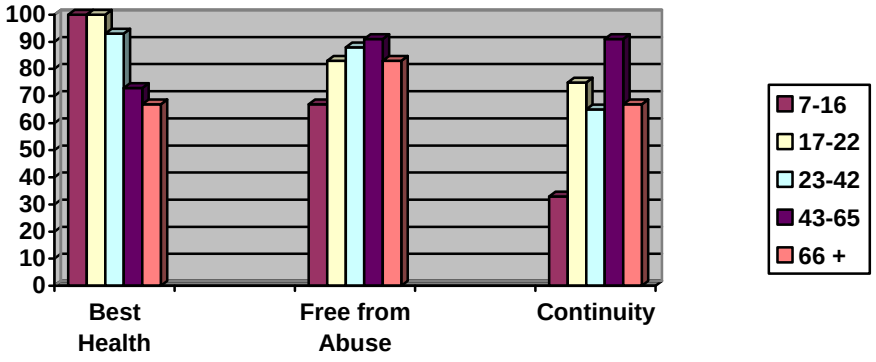
Age Range

The percentage of people having the outcome and support of best possible health is high for all age groups. As might be expected, there is a decline in best possible health with each successively older group. Supports also decline indicating that perhaps health supports are not increasing proportionately as people age. However, overall support for best possible health increased over previous years. For all age groups, the support for freedom from abuse and neglect is equal to or greater than the outcome indicating a direct relationship between the two. The support for people in the 17-22 age group is the strongest (100 percent) while the outcome for people in the 43-65 age group is the strongest (90 percent). The smallest percentage for both outcome and support to be free from abuse and neglect is for children ages 7-17. However, as mentioned previously, the sample size is only three (3) meaning that one person's experience has drastically affected the numbers. Overall, this remains a strong outcome and support for all age groups. While still strong, the outcomes and supports percentages for continuity and security represent the greatest opportunity in the area of Health and Wellness.

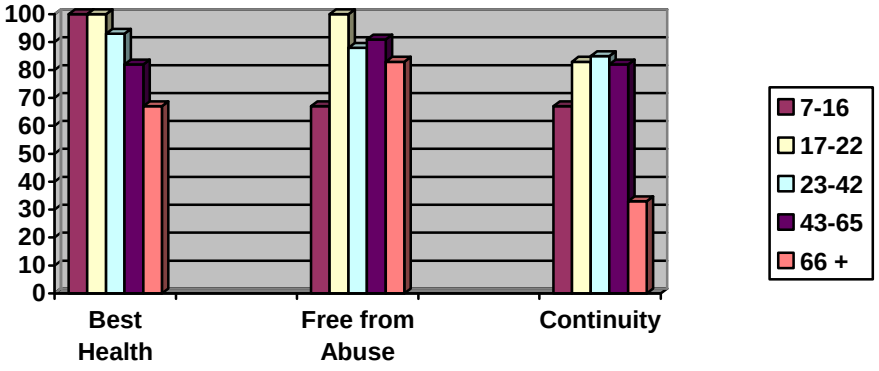
Data from 2004-2005 indicate no significant difference in outcomes and supports for people having best possible health when compared to 2005-2006 data. Both the outcomes and supports for having best health were high in 2004-2005, and they remain high in 2005-2006. Data for freedom from abuse and neglect in 2005-2006 generally show a decrease in both outcomes and supports. However when broken down by age groups, three of the five age groups are the same or increased for both outcomes and supports. This is significant as these three age groups are the three largest sample sizes and represent the majority of people interviewed during the reviews in 2005-2006. The overall decrease seems to be accounted for by a larger sample (than the same age group in 2004-2005) with decreased percentages in the

66 and older age group, as well as the addition of the small sample of 7-16 year olds. The greatest decline in percentage of outcomes present overall is for continuity and security. In fact, three of the four age groups report fewer outcomes in 2005-2006 than in 2004-2005. Additionally, the small sample of 7-16 year olds represented only in 2005-2006 report just over 30 percent of the outcome present. The only age group to report an increase in the outcome is the 43-65 age group with 70 percent present in 2004-2005 to 90 percent in 2005-2006. Three of the four ages which can be compared to 2004-2005 show a decrease in supports for continuity and security. The most dramatic is for people ages 66 and over with only a third reporting the support present in 2005-2006 as opposed to 100 percent in 2004-2005. People aged 23-42 report essentially unchanged levels of support for continuity and security in 2005-2006. Overall, all three outcomes and supports remain strong with the most opportunity for enhancement in the area of continuity and security.

Graph 13.1 Percentage of outcomes achieved by various age groups – Health & Wellness



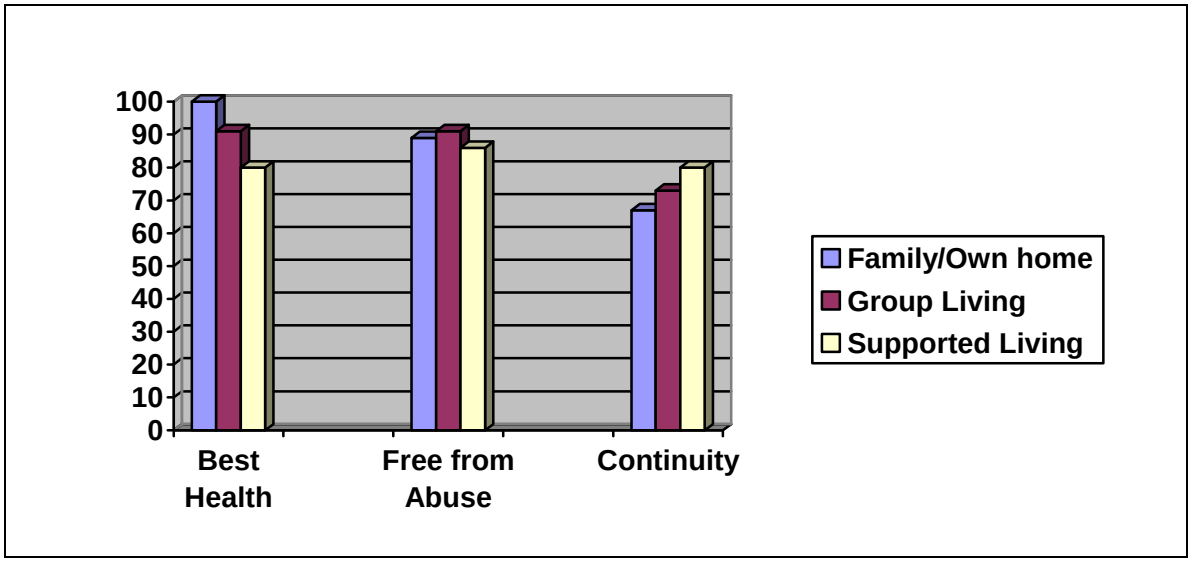
Graph 13.2 Percentage of supports achieved by various age groups – Health & Wellness



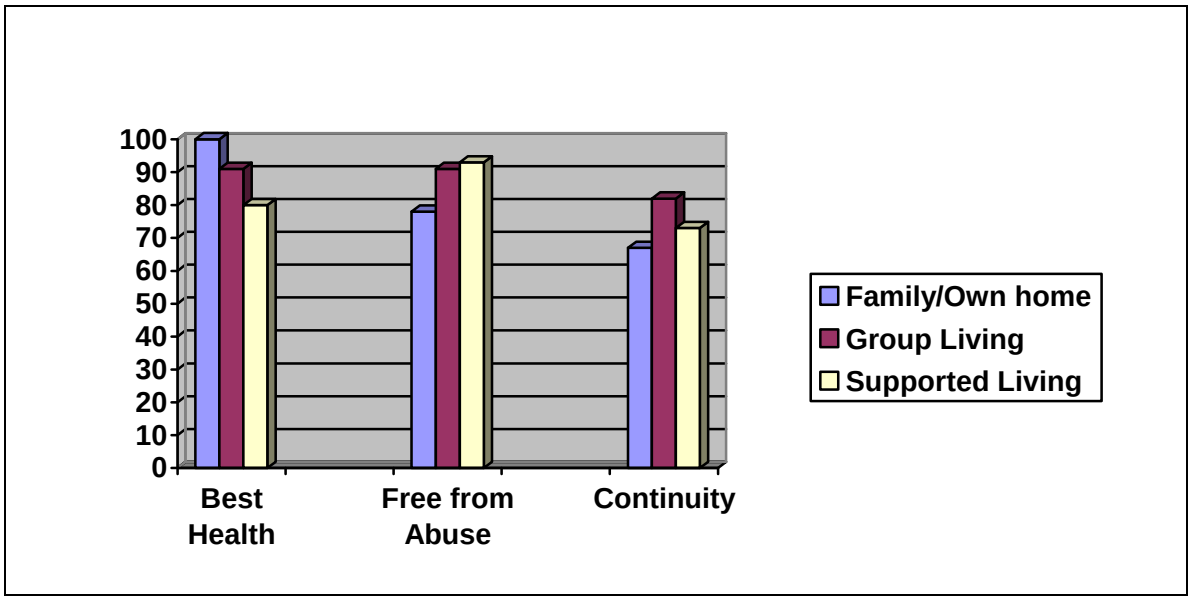
Type of Living Situation

For best possible health and freedom from abuse and neglect, percentages of achieved outcomes and supports for various living situations in 2005-2006 are quite high. Though a little lower, percentages for continuity and security are also strong. For best possible health, people in all living situations report 80 percent or greater outcomes and supports. Also, outcomes and supports follow a similar pattern with people living in their own homes or with family reporting 100 percent outcomes and supports; people living in group settings reporting 90 percent outcomes and supports; and people living in other supported situations reporting 80 percent of outcomes and support for best possible health. The outcome for freedom from abuse and neglect is 85 percent to 90 percent with very little variance between type of living situation. Supports are very similar (approximately 90 percent) for people living in group or supported settings. Supports for freedom from abuse and neglect are somewhat lower for people living on their own or with family falling a little below 80 percent. Supports and outcomes for continuity and security range from 65 percent to 80 percent with no discernible pattern. People living in supported situations report this highest percentage of outcome while people living in group situations report the highest level of support. The lowest percentages are reported by people living with family or on their own at 65 percent for both outcome and support.

Graph 14.1 Percentage of outcomes achieved by living situation – Health & Wellness



Graph 14.2 Percentage of supports achieved by living situation – Health & Wellness



Strengths and Commendations:

- The outcome for best possible health is supported in a variety of ways. Support for health includes staff (in one case the addition of a registered nurse) with knowledge about people's health needs and who work cooperatively with medical professionals to ensure the delivery of comprehensive health care. Self-management of health is evidenced by people learning about their medications and being assisted with self- exams for prevention purposes. There is a commitment to continuing supports for people whose needs intensify as they age or have more complicated medical or mental health issues.
- There are multiple levels of organizational support that result in people being free from abuse and neglect. Policies, procedures and staff training promote zero tolerance for abuse, neglect and exploitation and are consistent with laws and other regulatory requirements. Most organizations provided training to all employees on policy, procedure and responsibility. Training includes signs and symptoms of possible abuse. People supported also generally know how to respond in the event that they are abused, neglected, mistreated or exploited.

Recommendations and Opportunities:

- Consider the following strategies to promote freedom from abuse and neglect that occurred in the past:
    1. Complete a comprehensive review of individual histories to assure that a previous occurrence of abuse or neglect might not be responsible for current emotional or behavioral concerns.
    2. Assure that anyone known or suspected to be in distress as a result of a previous incident of abuse or neglect is afforded appropriate support including counseling and/or medication.
    3. Provide additional training to support staff skills in making discoveries about whether a person continues to suffer anguish from an incident of past abuse.

- Continue to educate all people about what constitutes abuse and neglect and what to do if they are mistreated.
- Ensure that people receive all preventative health care screenings per the American Medical Association and American Cancer Society guidelines.
- Continue efforts to assist people in understanding what insurance they have, what types there are, what they may need, and the benefits and costs associated with each so that informed choices are made. Specifically consider changes occurring with tribal burial policies where relevant.
- Consider events that will occur in the near future in assuring that people experience continuity and security. When a major life event or change can be predicted, assist the person in anticipating and preparing for the change. Events that fall into this category would include the impending incapacitation or death of a family member, the loss (permanent or temporary) of a staff member, a change of job or residence, or an anticipated surgery.

Organizational Assurances

ASSURANCES OF HEALTH, SAFETY AND WELFARE emphasize the fundamental importance of maintaining the health, safety, welfare, respect and stability of people receiving supports and services. People and organizations providing supports and services to other people have a basic obligation to guard general health and welfare. Personal Outcomes emphasize the importance of choice, but enabling people to make choices does not relieve staff of the obligations to protect general health and welfare. The eight organizations accredited between July 1, 2005 and May 31, 2006 obtained the following results:

Table 4 Organizational Assurances of Health, Safety and Welfare

Assurances	Total Number of Organizations	% Present	% Not Present
The organization has employment screening procedures that minimize unnecessary or unreasonable risk.	8	100%	0%
The organization implements procedures in all instances of alleged abuse and neglect.	8	100%	0%
The organization promotes access to primary health care that is coordinated, comprehensive, and continuous.	8	100%	0%
The organization implements emergency procedures.	8	100%	0%
Buildings comply with all applicable fire and sanitation codes.	8	100%	0%
The organization protects the rights of people.	8	100%	0%
The organization uses positive approaches in all service and support activities.	7	88%	12%

Strengths and Commendations:

- Organizational employment screening practices are generally thorough and include state and national criminal background checks, driver's license checks, pre-employment drug and alcohol screening, motor vehicle checks and requirements for automobile insurance, and personal and professional references. Many of these are updated annually.
- Organizations have a zero tolerance policy on abuse, neglect and exploitation that was easily understood and enforced. In most cases there are systems in place to ensure that

all incidents of abuse, neglect and/or exploitation, including peer-to-peer events, are thoroughly investigated, well documented and consistently followed-up.

- Attention to health care in all organizations is exemplary. Some organizations have detailed cancer screening protocols for all people receiving services. Many organizations are implementing supports that promote self-management of health. They have also developed data systems designed to increase their ability to detect issues and concerns early and be more proactive in health supports.
- Emergency policies, procedures and practices are comprehensive and ensure the safety of the people served by organizations in South Dakota.
- Numerous efforts were in place or underway to support people to better understand and exercise their rights. These included a rights booklet, discussions about rights, and functional exposure on how to exercise various rights (voting forums, etc.). Many organizations have strong self-advocacy groups (People First), have people participating in Partners in Policy Making, and supported many people served to attend the Alliance for Full Participation summit in Washington, DC., in September of 2005.
- There is also evidence of a commitment to lessening restrictive procedures and strengthening due process at many organizations. Examples include individualized strategies to increase people's access to finances and medications, increased community representation on Human Rights Committees, a broader array of limitations being reviewed by committees, and the development of more restoration plans.
- There is evidence that many organizations are committed to developing more positive approaches to services and supports. Policies have been rewritten to reflect more positive approaches to behavioral support and to emphasize the "communicative intent" of people's behaviors. Self-direction and self-advocacy is strongly supported from the founding of People First groups to the implementation of pilots for individualized budgets. Restrictions on access to money and food have been reduced and/or eliminated, and the review of the use of psychotropic medication has resulted in reductions and/or discontinuations in some cases. Some organizations have supported staff to become certified CPI instructors to emphasize the commitment to positive approaches.

Recommendations and Opportunities:

- Continue to promote best possible health by expanding the monitoring system to include tracking of possible preventative screenings that are indicated based on a number of variables such as age, gender, ethnicity, lifestyle and family health history.
- Consider implementing risk assessments for each individual supported that is updated regularly and understood by all staff supporting the person.
- Develop strategies to support people who live independently or with family to respond to emergency situations including fire and disasters.
- Create policies and practices to be followed in case of a natural disaster in coordination with the local and state community.
- Assess the need for guardianship, the continuation of guardianship, the type of guardianship, **alternatives** to guardianship, need for advocacy, and surrogate decision makers at least annually. This should include a review of people's decision-making abilities to help determine the extent that guardianship or other alternatives is still appropriate.

- Support people who receive services to have active voices at the Human Rights Committee meetings when their restrictions are being discussed.
- Continue to educate staff on taking a "better to have due process than not" mentality, when deciding whether an action is a support or a restriction.
- Consider how to expand the role of Human Rights Committees to include the review and analysis of unusual incident data. Analysis might include by home, by shift, by staff working, by time and numerous other variables.
- Consider the following factors for Human Rights Committee composition, representation and contribution:
    1. Include a pharmacist or other professional knowledgeable about medication and its interactions/side effects.
    2. Recruit self-advocates for the Human Rights Committee.
    3. Develop a quorum of non-affiliated members necessary in order to conduct business.
- Assure that policies regarding the use of physical and mechanical restraints, time-out and aversive conditioning are in keeping with what the organization is actually doing. Clearly define what procedures are prohibited from use, and assure that staff are aware of policy changes.
- Develop strategies which are intended to eliminate of the use of highly restrictive procedures. Analyze best practices in positive approaches internal and external to the organization. Ask what steps were taken, what worked, and in what time frames, and then develop organization-specific plans.
- Develop systems for tracking and trending abuse/neglect data, incident data and other information vital to the health and welfare of people receiving services. Tracking and trending of abuse and neglect should include an in-depth analysis of data to determine organizational changes that will continue to focus on preventive measures.

ASSURANCES OF FISCAL AND LEGAL ACCOUNTABILITY stress accountability in resource management. Organizations exercise a public trust and have a responsibility to people receiving services and supports and their families, the community, funders and employees. These assurances remind the organization that financial strength and diligent resource management increases organizational capacity to facilitate outcomes. As resources become scarce, organizations must demonstrate a direct connection between organization process and personal outcomes. The eight organizations accredited between July 1, 2005 and May 31, 2006 obtained the following results:

Table 5 Organizational Assurances of Fiscal and Legal Accountability

Assurances	Total Number of Organizations	% Present	% Not Present
The organization has a budgeting and accounting system.	8	100%	0%
The organization has an annual independent audit.	8	100%	0%
The organization is accountable for people's money.	8	100%	0%
The organization maintains data and information on costs, personnel, capital budget, and support coordination.	7	88%	12%
The organization's personnel practices meet all governmental fair labor regulations.	8	100%	0%

Strengths and Commendations:

- A review of organizations' financial audits indicates that there are strong financial accountabilities and that they are generally good stewards of all resources.
- At least one organization has an operating budget that is developed based on individual budgets for the people served (service based rates).
- Organizational practices met all governmental fair labor practices.

Recommendations to Consider:

- Develop a mechanism that will enable the organization to examine in a more formal way resource allocation and the impact this has on personal outcome attainment in the lives of people supported. Link this to quality management and planning efforts.
- Explore ways to reduce the number of people for whom the organization serves as representative payee.
- Explore ways that all stakeholders, especially people in services, might have input into the budget process.

Organizing Principles

The **Organizing Principles** are the basic organizational action strategies that facilitate personal outcomes for people receiving services and supports. They represent a collection of best and most promising practices from organizations that have successfully designed and delivered services based on a personal outcomes approach. As such, the Organizing Principles provide a benchmark for organizations considering a personal outcome orientation to services and supports.

The Organizing Principles bring together action strategies related to leadership, systems development, and quality management and planning. These Organizing Principles communicate messages to staff, families and volunteers, people served and external audiences.

Leadership

Each person served, staff, family member and volunteer brings a unique combination of life and work experience and can make a contribution to the leadership for the organization. The organization leadership begins with the recognition that people served are primary "customers" and that their participation in decision-making, both personal and organizational, is imperative. Organization leadership also recognizes the obligations and responsibilities to employees and volunteers in terms of providing feedback and clarity of organizational purpose. Finally, organizational leadership is responsible for developing relationships in the local community (governmental, business, religious organizations, etc.)

A Decision Matrix is used to determine the level of implementation of each of the Organizing Principles **(Table 6)**. The following is a guideline of the reasons a Principle might be placed in a particular area of the matrix.

Understanding

A Principle is placed in this portion of the matrix when an organization recognizes that a particular Principle is worthy of implementing, but may still be in the planning stages of determining how to implement the Principle. Or perhaps the organization has attempted to implement the Principle, but has changed the means of implementing it.

Implementation

A Principle is considered implemented when it has been put into practice and all elements of the organization responsible for the implementation are aware of how it is to be implemented and maintained. An implemented Principle has not yet begun to garner consistent results from its implementation.

Results

Once a Principle has been fully implemented and everyone understands and is playing his or her role in the implementation of the Principle, there should be evidence of consistent results from having implemented the Principle.

Leadership Principles

L1. The organization or network defines its primary customer.
L2. People served exercise leadership through choice and self-determination.
L3. The organization or network emphasizes the values of listening, responsiveness, respect, and support for desired outcomes.
L4. The organization or network links service users, families and providers to promote individual relationships and increase system capacity.
L5. The organization or network appoints service users to the board of directors.
L6. The organization or network clearly defines expectations for staff competency and performance.
L7. The organization or network regularly evaluates and provides feedback to its staff on their performance.
L8. The organization or network has a strategy for developing relationships with other agencies/providers in its service area.

After a noticeable shift of Leadership Principles toward greater implementation and the recognition of results for many of the Principles in the 2004-2005 from the 2003-2004 review year, the level of Principles in the results area has remained constant at 48 percent in the 2005-2006 review year (See **Table 7**). Additionally, the number of leadership principles in the understanding stage has increased from 10 percent to 22 percent. This shift could be the result of sample variance (four of the eight organizations were reviewed for the first time and none of the organizations were reviewed in the last contract year), or the result of new learning and increased expectations at the organizational level. For the first time, two (2) percent of the Leadership principles were not plotted on the matrix because they either did not apply or there was not sufficient evidence that organizations understood the principle completely.

The following three Leadership Principles are found to be strongest for South Dakota organizations reviewed during 2005-2006:
L1. The organization or network defines its primary customer.
L3. The organization or network emphasizes the values of listening, responsiveness, respect, and support for desired outcomes.
L5. The organization or network appoints service users to the board of directors.

The first two in the above list were also areas of strength in the 2004-2005 review year and may represent a statewide trend for leadership principles. Principle L5, on the other hand, was on the list of greatest opportunity in review year 2004-2005.

In 2005-2006, three Leadership Principles were seen as showing the greatest need for improvement:
L2. People served exercise leadership through choice and self-determination.
L4. The organization or network links service users, families and providers to promote individual relationships and increase system capacity.
L7. The organization or network regularly evaluates and provides feedback to its staff on their performance.
.

Principle L4 continues to be an area of need from review year 2004-2005. By contrast, the second principle on this list was considered to be a strength according to the 2004-2005 determinations. Principle L2 has not appeared on either list previously.

Strengths and Commendations:

- Organizations clearly define people who receive services as the primary customers and this is reflected through job descriptions, training curriculum, strong advocacy efforts, systems changes, involving people in aspects of operations, assessments and service plans. The National Alliance for Direct Support Professionals Code of Ethics is another method used to remind staff of the primary customer.
- Organizations have developed varied formal and informal systems for listening to people about their desired outcomes and determining effective strategies to support these.
- The majority of organizations involved in reviews during the 2005-2006 year have someone who receives services as an active and contributing member of their Board of Directors.

Recommendations and Opportunities:

- Consider ways to develop leadership in terms of relationship building and networking in the development of social capital connections with other organizations and the general community. This will enable organizations to better identify resources that may not be available through current funding streams and will assist people in developing social capital connections and in building relationships individually in their lives.
- Continue to support opportunities for people who receive supports to become involved in self-advocacy groups in their communities and at the state and national level.
- Develop a list of affiliations that staff members have in the community. This may assist in the future development of community integration and finding meaningful activities and development of relationships for people supported.
- Design a comprehensive appraisal system that focuses on the facilitation of personal outcomes and utilizes input from families and people receiving services.
- Continue to explore opportunities, offer options, utilize communication devices and find additional ways to learn about and understand the desires and preferences of people who do not use words to communicate.

Systems Principles

S1. The organization or network has a clear statement of its mission.
S2. The organization or network implements a strategy for listening to and learning about each individual.
S3. The organization or network promotes coordinated systems of services that are responsive to the needs and desires of service users.
S4. The organization or network provides service users and other organizations with relevant information.
S5. The organization or network has a strategy for hiring, nurturing, and sustaining staff.
S6. The organization or network provides opportunities for staff training and personal development.
S7. The organization or network has a personnel development strategy for increasing staff and volunteer competence in facilitation, problem solving, and negotiation.
S8. Organizational or network systems promote personal dignity and respect.
S9. Organizational or network systems promote continuity and security.
S10. Organizational or network systems promote natural support relationships.

For the 2005-2006 review year, the trend for Systems Principles is somewhat different from that for the Leadership Principles. Rather than remaining constant, there is a significant reduction in the number of principles determined to be producing results, from 55 percent in 2004-2005 to 38 percent in 2005-2006. Similarly, rather than a reduction in principles in the implementation phase, there is a slight increase from 45 percent in 2004-2005 to 50 percent in 2005-2006. Like the trend with the Leadership principles however, there is an increase in systems principles determined to be at the understanding level (0 percent in 2004-2005 to 10 percent in 2005-2006). As with the leadership principles, two (2) percent of the systems principles were not plotted on the matrix. **(**See **Table 7)**. Again, these changes can be attributed to multiple variables including sample variance and/or organizational learning over time.

In this past year, several Systems Principles have become stronger. The following four Systems Principles are found to be strongest (present for 50 percent or greater) for South Dakota organizations reviewed during 2005-2006:
S1. The organization or network has a clear statement of its mission.
S6. The organization or network provides opportunities for staff training and personal development.
S8. Organizational or network systems promote personal dignity and respect.
S9. Organizational or network systems promote continuity and security.

Data from review year 2004-2005 show that principles S8 and S9 were both considered strengths and may represent a trend in South Dakota. S1 and S6 are new to this list and should be considered specific to this organizational sample.

In 2005-2006, three Systems Principles are present for only one organization and may show the greatest need for improvement:

S2. The organization or network implements a strategy for listening to and learning about each individual.

S7. The organization or network has a personnel development strategy for increasing staff and volunteer competence in facilitation, problem solving, and negotiation.

S10. Organizational or network systems promote natural support relationships.

Principle S7 continues to be an area of need from review year 2004-2005. By contrast, principle S10 was considered to be a strength according to the 2004-2005 determinations. Principle S2 has not appeared on either list previously.

Strengths and Commendations:

- Most organizations have clear mission statements focused on people, values and practices that facilitate personal outcomes. Several of these organizations had recently engaged in an evaluative and creative process of revisiting their mission statements and reported a renewed energy and clarity of purpose as a result. These discussions were notable for their involvement of people supported, families and community representatives as well as organization board and staff.
- Organizations and their staff exemplified the values of dignity and respect during reviews in 2005-2006. Evidence of these values cited are: respectful interactions during the review process, the language used in policy and procedures and forms, ongoing development of personalized assistive technology devices, asking people's opinions and having high expectations. Additionally, most people receiving supports from the organizations reviewed are recognized for their unique abilities and interests.
- Organizations provide varied opportunities for staff training and personal development.
- Organizational systems supported continuity and security through ample resources, safe environments, relationship building, and increased personal control.

Recommendations and Opportunities:

- Take a proactive approach in assessing people's satisfaction with their support networks. Encourage staff to identify all family members, including extended family, locate addresses, phone numbers, birthdays, special days, and then support people to increase or develop relationships by initiating contact and being valued family members. Enhance supports and connections for each person's natural support network until reciprocal trusting relationships are developed to each person's desired level of satisfaction.
- Natural supports can be expanded beyond family. Consider the person's biological family members as natural supports and also emerging networks of support that may become a "family of choice" in those instances when biological family members either choose not to remain connected or no longer exist. This perspective goes beyond what would normally be defined as natural supports in the workplace.
- Develop formal personnel development strategies for assessing and increasing staff competency in facilitation, problem solving and negotiation. Use those staff who excel in these areas to take a leadership role in training and supporting others to increase their skills.

- Enhance the interview and decision-making skills of staff so that they can conduct personal outcome interviews to ensure that services and supports for each person are coordinated and focused on people's priorities.

Quality Management and Planning Principles

Q1. The organization or network has a process for eliciting and analyzing feedback on services and supports from service users, employees and providers.
Q2. The organization or network periodically analyzes and documents the relationship between resource allocation and personal outcome attainment.
Q3. The organization or network has a process for collecting and analyzing information.
Q4. Information analysis results in strategies for organizational quality improvement.
Q5. The organization's or network's knowledge management system is based on information about aggregated individual needs and resources within the service area.

For the 2005-2006 review year, there appears to be a shift in Quality Management and Planning Principles away from results and toward implementation and understanding. (See **Table 7**). For the 2004-2005 review year, 43 percent of the Quality Management and Planning Principles were determined to be at the Understanding level, 37 percent at the Implementation level, and 20 percent at the Results level. By the 2005-2006 review year, the number of Principles in the Understanding level was 48 percent and Principles in the Implementation were 32 percent and 8 percent respectively. A larger number of Quality Management and Planning Principles, 12 percent, than Leadership and Systems Principles (2 percent each) were not plotted on the matrix. While individual variances may be attributed to sample variance and organizational learning, there is a trend over three years for the largest number of principles to be determined to be in the Understanding or Implementation phase. This is likely to indicate an opportunity to focus organizational development in the area of Quality Management and Planning.

In 2005-2006, two Quality Management and Planning Principles are seen as showing the greatest need for improvement:
Q2. The organization or network periodically analyzes and documents the relationship between resource allocation and personal outcome attainment.
Q4. Information analysis results in strategies for organizational quality improvement.

The first, Q2, continues to be seen as an area of need from review year 2004-2005. The second is specific to this organizational sample

Strengths and Commendations:
- Several organizations gather data on the *Personal Outcome Measures*[SM] and use the information as part of their person-centered planning process.
- Organizations employ a variety of strategies to elicit feedback and information from a diverse group of stakeholders: public forums, informal communication, surveys,

planning meetings, results of previous reviews and others. The use of these strategies has resulted in organizational change.

Recommendations and Opportunities:

- Organizations are encouraged to more thoroughly assess both internal and external resources to determine whether their utilization is maximized for the attainment of outcomes. These resources should include not only organizational resources (direct and indirect, financial and human), but resources within the community, natural support networks, service delivery, possible volunteers, etc.
- Develop and implement a data collection system for ongoing and continuous tracking and trending. This needs to include:
    - outcomes and supports in the lives of people served
    - significant trends in the area of human resources
    - significant trends in the area of finance
    - significant trends in risk management focusing on data collection and analysis for all Organizational Assurances areas

  This data collection and analysis will result in the identification of additional highly focused organizational goals for quality enhancement and strategic planning.

Table 6 Decision Matrix for Organizing Principles 2005-2006

Decision Matrix	Understanding	Implementation	Results
Leadership L5*	L4,L8 L6,L7 L1,L2,L3,L5,L6,L7 L7 L4,L7,L8	L2,L6,L7 L2,L3,L4,L5 L3,L4,L8 L2,L4,L7,L8 L1,L2,L3,L6	L1,L3,L5 L1,L8 L1,L2,L5,L6,L7 L4,L8 L1,L3,L5,L6 L1,L2,L3,L4,L5,L6,L8 L1,L2,L3,L4,L5,L6,L7,L8
S7*,S10* Systems	S7 S10 S1,S7 S2 S1,S7,S10	S2,S3,S4,S5,S6 S1,S2,S3,S5,S6,S9 S2,S3,S4,S5,S7,S9 S2,S3,S4,S6,S9,S10 S2,S3,S4,S5,S7,S10 S4,S5,S7,S10 S2,S3,S4,S5,S6,S9 S10	S1,S8,S9 S4,S8,S10 S1,S6,S8 S5,S8 S1,S6,S8,S9 S1,S3,S6,S8,S9 S8 S1,S2,S3,S4,S5,S6,S7,S8,S9
Q5* Q2*,Q5* Q2*,Q5* Quality Management and Planning	Q1,Q2,Q3,Q4 Q1,Q3,Q4 Q1,Q3,Q4 Q2,Q3,Q4,Q5 Q2.Q3,Q4,Q5 Q5	Q1,Q2,Q3Q4 Q1,Q2,Q4,Q5 Q1 Q1 Q2.Q3,Q4	Q5 Q3 Q1

Legend: ♦ = Agency 1
♦ = Agency 2
♦ = Agency 3
♦ = Agency 4
♦ = Agency 5
♦ = Agency 6
♦ = Agency 7
♦ = Agency 8

*** Principles were not plotted on the matrix indicating that they either did not apply or the organization was determined to be in a "pre-understanding" stage.**

Table 7 Decision Matrix for Organizing Principles Three-Year Comparison

Decision Matrix	Understanding	Implementation	Results
Leadership	Percentage of Principles: 2003-2004 - 23% 2004-2005 - 10% 2005-2006 - 22%	2003-2004 - 38% 2004-2005 - 42% 2005-2006 - 28%	2003-2004 - 39% 2004-2005 - 48% 2005-2006 - 48%
Systems	2003-2004 - 12% 2004-2005 - 0% 2005 -2006 - 10%	2003-2004 - 44% 2004-2005 - 45% 2005-2006 - 50%	2003-2004 - 44% 2004-2005 - 55% 2005-2006 - 38%
Quality Management and Planning	2003-2004 - 58% 2004-2005 - 43% 2005-2006 - 48%	2003-2004 - 38% 2004-2005 - 37% 2005-2006 - 32%	2003-2004 - 4% 2004-2005 - 20% 2005-2006 - 8%

Note: 2% of Leadership Principles, 2% of Systems Principles, and 12% of the Quality Management and Planning Principles were not plotted on the matrix indicating that they either did not apply or the organization was determined to be in a "pre-understanding" stage.

Table 8 2006 CQL National Averages Comparative Data
Percent Present N = 6024

		CQL National Averages 2006		South Dakota 2003-2004		South Dakota 2004-2005		South Dakota 2005-2006		Difference 2004/05 vs 2005/06	
		Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support
IDENTITY	People choose personal goals.	46.4	47.2	51.4	50.0	76.6	68.1	63.0	67.4	-16.6	-0.5
	People choose where and with whom to live.	44.2	54.8	52.8	58.3	57.4	68.1	50.0	67.4	-7.4	-0.5
	People choose where they work.	38.4	48.9	50.0	55.6	44.7	48.9	58.7	71.7	+14.0	+23.8
	People have intimate relationships.	72.1	67.8	72.2	79.1	85.1	82.9	78.3	76.1	-6.8	-16.8
	People are satisfied with services.	87.8	82.4	93.1	97.2	91.5	93.6	100.0	97.8	+8.5	+4.2
	People are satisfied with their personal life situations.	85.7	86.2	90.3	95.8	87.2	93.6	95.7	97.8	+8.5	+4.2
AUTONOMY	People choose their daily routines.	85.1	84.7	93.1	94.4	91.5	93.6	95.7	95.7	+4.2	+2.1
	People have time, space and opportunity for privacy.	90.1	91.5	80.6	95.8	93.6	95.7	91.3	93.5	-2.3	-2.2
	People decide when to share personal information.	78.7	68.8	69.4	66.7	80.8	76.6	80.4	73.9	-0.4	-2.7
	People use their environments.	76.7	79.0	77.8	87.5	82.9	85.1	91.3	95.7	+8.4	+10.6
AFFILIATION	People live in integrated environments.	34.8	41.5	48.6	56.9	40.4	51.1	41.3	56.5	+0.9	+5.4
	People participate in the life of the community.	72.7	80.3	72.2	79.2	65.9	78.7	67.4	93.5	+1.5	+14.8
	People interact with other members of the community.	71.4	74.0	88.9	88.9	74.4	89.3	87.0	93.5	+12.6	+4.2
	People perform different social roles.	31.1	31.1	47.2	52.8	25.5	34.0	54.3	54.3	+28.8	+20.3
	People have friends.	57.1	59.0	63.9	77.8	65.9	70.2	52.2	60.9	-13.7	-9.3
	People are respected.	77.8	80.9	88.9	93.1	80.8	89.3	95.7	97.8	+14.9	+8.5
ATTAINMENT	People choose services.	46.0	47.7	66.7	72.2	70.2	78.7	63.0	69.6	-7.2	-9.1
	People realize personal goals.	82.6	81.9	88.9	88.9	78.7	82.9	87.0	89.1	+8.3	+6.2
SAFEGUARDS	People remain connected to natural support networks.	63.4	77.2	61.1	77.8	65.9	87.2	45.7	76.1	-20.2	-11.1
	People are safe.	86.9	81.7	83.3	77.8	80.8	76.6	89.1	89.1	+8.3	+12.5
RIGHTS	People exercise rights.	44.2	40.8	69.4	63.9	74.4	76.6	69.6	73.9	-4.8	-2.7
	People are treated fairly.	51.2	51.0	77.8	76.4	72.3	74.4	82.6	78.3	+10.3	+3.9
HEALTH AND WELLNESS	People have best possible health.	73.9	73.5	88.9	84.7	91.5	89.3	87.0	87.0	-4.5	-2.3
	People are free from abuse and neglect.	86.0	89.7	94.4	97.2	65.9	85.1	87.0	89.1	+21.1	+4.0
	People experience continuity and security.	81.0	78.0	83.3	72.2	87.2	89.3	73.9	76.1	-13.3	-13.2

Table 9 2006 Agency 5 Comparative Data
Percent Present
2003-2004: N=3, 2005-2006: N=3

		CQL National Averages 2006		2003-2004		2005-2006		Difference 2004/05 vs 2005/06	
		Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support
IDENTITY	People choose personal goals.	46.4	47.2	67	67	33	33	**+34**	**+34**
	People choose where and with whom to live.	44.2	54.8	0	0	0	33	**0**	**+33**
	People choose where they work.	38.4	48.9	33	33	67	67	**+34**	**+34**
	People have intimate relationships.	72.1	67.8	67	67	100	33	**+33**	**-34**
	People are satisfied with services.	87.8	82.4	67	100	100	100	**+33**	**0**
	People are satisfied with their personal life situations.	85.7	86.2	67	100	100	100	**+33**	**0**
AUTONOMY	People choose their daily routines.	85.1	84.7	100	100	100	100	**0**	**0**
	People have time, space and opportunity for privacy.	90.1	91.5	67	100	100	100	**+33**	**0**
	People decide when to share personal information.	78.7	68.8	100	100	67	33	**-33**	**-67**
	People use their environments.	76.7	79.0	100	100	67	67	**-33**	**-33**
AFFILIATION	People live in integrated environments.	34.8	41.5	0	0	67	100	**+67**	**+100**
	People participate in the life of the community.	72.7	80.3	67	67	33	67	**-34**	**0**
	People interact with other members of the community.	71.4	74.0	100	100	100	67	**0**	**-33**
	People perform different social roles.	31.1	31.1	0	0	67	33	**+67**	**+33**
	People have friends.	57.1	59.0	67	67	67	100	**0**	**+33**
	People are respected.	77.8	80.9	67	67	100	100	**+33**	**+33**
ATTAINMENT	People choose services.	46.0	47.7	33	33	33	33	**0**	**0**
	People realize personal goals.	82.6	81.9	100	100	100	100	**0**	**0**
SAFEGUARDS	People remain connected to natural support networks.	63.4	77.2	33	67	0	33	**-33**	**-34**
	People are safe.	86.9	81.7	100	100	100	67	**0**	**-33**
RIGHTS	People exercise rights.	44.2	40.8	0	0	67	33	**+67**	**+33**
	People are treated fairly.	51.2	51.0	0	0	67	67	**+67**	**+67**
HEALTH AND WELLNESS	People have best possible health.	73.9	73.5	33	100	100	67	**+67**	**-33**
	People are free from abuse and neglect.	86.0	89.7	67	100	100	67	**+33**	**-33**
	People experience continuity and security.	81.0	78.0	67	67	100	100	**+33**	**+33**

Table 10 2006 Agency 3 Comparative Data
Percent Present
2003-2004: N=6, 2005-2006: N=5

		CQL National Averages 2006		2003-2004		2005-2006		Difference 2004/05 vs 2005/06	
		Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support
IDENTITY	People choose personal goals.	46.4	47.2	17	0	40	60	**+23**	**+60**
	People choose where and with whom to live.	44.2	54.8	33	50	60	80	**+27**	**+30**
	People choose where they work.	38.4	48.9	33	33	40	80	**+7**	**+47**
	People have intimate relationships.	72.1	67.8	100	100	60	60	**-40**	**-40**
	People are satisfied with services.	87.8	82.4	100	100	100	100	**0**	**0**
	People are satisfied with their personal life situations.	85.7	86.2	83	100	100	100	**+17**	**0**
AUTONOMY	People choose their daily routines.	85.1	84.7	100	83	100	100	**0**	**+17**
	People have time, space and opportunity for privacy.	90.1	91.5	100	100	80	100	**-20**	**0**
	People decide when to share personal information.	78.7	68.8	33	17	100	100	**+67**	**+83**
	People use their environments.	76.7	79.0	100	100	100	100	**0**	**0**
AFFILIATION	People live in integrated environments.	34.8	41.5	33	33	40	40	**+7**	**+7**
	People participate in the life of the community.	72.7	80.3	83	67	60	100	**-23**	**+33**
	People interact with other members of the community.	71.4	74.0	100	100	60	100	**-40**	**0**
	People perform different social roles.	31.1	31.1	17	0	20	40	**+3**	**+40**
	People have friends.	57.1	59.0	50	67	40	40	**-10**	**-27**
	People are respected.	77.8	80.9	83	100	100	100	**+17**	**0**
ATTAINMENT	People choose services.	46.0	47.7	33	33	60	80	**+27**	**+47**
	People realize personal goals.	82.6	81.9	67	67	80	80	**+13**	**+13**
SAFEGUARDS	People remain connected to natural support networks.	63.4	77.2	50	50	60	80	**+10**	**+30**
	People are safe.	86.9	81.7	100	50	80	80	**-20**	**+20**
RIGHTS	People exercise rights.	44.2	40.8	50	17	60	60	**+10**	**+43**
	People are treated fairly.	51.2	51.0	50	50	80	60	**+30**	**+10**
HEALTH AND WELLNESS	People have best possible health.	73.9	73.5	83	83	100	100	**+17**	**+17**
	People are free from abuse and neglect.	86.0	89.7	83	100	100	100	**+17**	**0**
	People experience continuity and security.	81.0	78.0	67	67	80	60	**+13**	**-7**

Table 11 2006 Agency 1 Comparative Data
Percent Present
2003-2004: N=4, 2005-2006: N=4

		CQL National Averages 2006		2003-2004		2005-2006		Difference 2004/05 vs 2005/06	
		Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support
IDENTITY	People choose personal goals.	46.4	47.2	25	25	50	50	**+25**	**+25**
	People choose where and with whom to live.	44.2	54.8	100	100	75	100	**-25**	**0**
	People choose where they work.	38.4	48.9	50	75	75	50	**+25**	**-25**
	People have intimate relationships.	72.1	67.8	75	100	75	75	**0**	**-25**
	People are satisfied with services.	87.8	82.4	75	100	100	100	**+25**	**0**
	People are satisfied with their personal life situations.	85.7	86.2	75	75	100	100	**+25**	**+25**
AUTONOMY	People choose their daily routines.	85.1	84.7	100	100	100	100	**0**	**0**
	People have time, space and opportunity for privacy.	90.1	91.5	75	75	100	100	**+25**	**+25**
	People decide when to share personal information.	78.7	68.8	50	50	100	100	**+50**	**+50**
	People use their environments.	76.7	79.0	50	75	100	100	**+50**	**+25**
AFFILIATION	People live in integrated environments.	34.8	41.5	75	75	50	50	**-25**	**-25**
	People participate in the life of the community.	72.7	80.3	75	100	50	100	**-25**	**0**
	People interact with other members of the community.	71.4	74.0	100	100	100	100	**0**	**0**
	People perform different social roles.	31.1	31.1	75	100	50	25	**-25**	**-75**
	People have friends.	57.1	59.0	75	75	0	0	**-75**	**-75**
	People are respected.	77.8	80.9	100	100	75	100	**-25**	**0**
ATTAINMENT	People choose services.	46.0	47.7	100	100	50	50	**-50**	**-50**
	People realize personal goals.	82.6	81.9	100	100	75	100	**-25**	**0**
SAFEGUARDS	People remain connected to natural support networks.	63.4	77.2	100	100	25	75	**-75**	**-25**
	People are safe.	86.9	81.7	75	75	75	75	**0**	**0**
RIGHTS	People exercise rights.	44.2	40.8	75	50	75	75	**0**	**+25**
	People are treated fairly.	51.2	51.0	75	75	75	75	**0**	**0**
HEALTH AND WELLNESS	People have best possible health.	73.9	73.5	100	50	100	100	**0**	**+50**
	People are free from abuse and neglect.	86.0	89.7	100	100	100	100	**0**	**0**
	People experience continuity and security.	81.0	78.0	75	100	75	75	**0**	**-25**

Table 12 2006 Agency 8
Comparative Data Percent Present
2003-2004: N=6, 2005-2006: N=9

		CQL National Averages 2006		2003-2004		2005-2006		Difference 2004/05 vs 2005/06	
		Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support
IDENTITY	People choose personal goals.	46.4	47.2	83	67	89	89	+6	+22
	People Choose where and with whom to live.	44.2	54.8	83	83	89	89	+6	+6
	People choose where they work.	38.4	48.9	67	67	56	89	-11	+22
	People have intimate relationships.	72.1	67.8	33	50	78	89	+45	+39
	People are satisfied with services.	87.8	82.4	100	100	100	100	0	0
	People are satisfied with their personal life situations.	85.7	86.2	100	100	100	100	0	0
AUTONOMY	People choose their daily routines.	85.1	84.7	83	100	100	89	+17	-11
	People have time, space and opportunity for privacy.	90.1	91.5	83	100	100	89	+17	-11
	People decide when to share personal information.	78.7	68.8	50	50	78	78	+28	+28
	People use their environments.	76.7	79.0	83	100	78	100	-5	0
AFFILIATION	People live in integrated environments.	34.8	41.5	67	83	44	78	-23	-5
	People participate in the life of the community.	72.7	80.3	83	100	67	78	-16	-22
	People interact with other members of the community.	71.4	74.0	83	100	67	78	-16	-22
	People perform different social roles.	31.1	31.1	67	83	44	67	-23	-16
	People have friends.	57.1	59.0	50	67	78	89	+28	+21
	People are respected.	77.8	80.9	83	100	100	100	+17	0
ATTAINMENT	People choose services.	46.0	47.7	83	83	100	100	+17	+17
	People realize personal goals.	82.6	81.9	100	100	78	78	-22	-22
SAFEGUARDS	People remain connected to natural support networks.	63.4	77.2	33	83	56	89	+23	+6
	People are safe.	86.9	81.7	67	50	100	100	+33	+50
RIGHTS	People exercise rights.	44.2	40.8	100	100	89	100	-11	0
	People are treated fairly.	51.2	51.0	100	100	89	100	-11	0
HEALTH AND WELLNESS	People have best possible health.	73.9	73.5	100	100	100	100	0	0
	People are free from abuse and neglect.	86.0	89.7	100	100	89	100	-11	0
	People experience continuity and security.	81.0	78.0	100	50	67	78	-33	+28

The Council on Quality and Leadership (CQL)
CQL Accreditation

The Council on Quality and Leadership (CQL) provides international leadership in promoting quality of life for people with disabilities and people with mental illness, and the people, organizations and communities who support them. Through our services, publications and public presence, we establish real connections between disabilities' theory and practice, helping those who work in the disability community take the important step from innovative ideas to everyday action.

CQL is an international not-for-profit organization dedicated to excellence in the definition, measurement and improvement of quality of life for people with disabilities and people with mental illness.

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

Our Mission
To provide leadership for greater world-wide inclusion and quality of life for people with disabilities.

For over three decades CQL has taken the leadership initiative in developing progressive measures of quality in services and supports, quality of life outcomes and Community Life[SM].

CQL has over 35 years of experience in defining, measuring and evaluating the quality of services in organizations and systems through our accreditation process. CQL Accreditation begins with defining quality from the ***person's*** perspective. Since 1993, the *Personal Outcome Measures*[SM] have provided the foundation for CQL's international accreditation program, organizational assessments, and numerous other training and consultation activities throughout North America and in Europe, Asia and Australia.

The CQL national database on Personal Outcomes contains information on over 6,000 individuals who participated in informational meetings during accreditation reviews throughout the United States. Research and analysis of Personal Outcomes and individualized organizational processes, individual demographic information and organizational characteristics is an ongoing priority.

CQL Accreditation is grounded in our core values of person-directed outcomes and provides the skills and tools necessary to measure the direct impact of organizations on the lives of people supported. CQL Accreditation is an objective, external measurement of the quality of services the organization provides.

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CQL Accreditation Review

Personal Outcome Measures[SM]

The 25 Personal Outcomes focus on the items and issues that matter most to people. Organizations committed to Personal Outcomes recognize the connections between the service and intervention and the whole person. Learning about Personal Outcomes results from talking to people and discovering what is important to them and why.

Organizational Assurances

The 12 *Organizational Assurances* focus on the organization-wide practices that are essential for quality services and supports. *Assurances of Health, Safety and Welfare* emphasize the fundamental importance of maintaining the health, safety, welfare, respect and stability of people receiving supports and services. *Assurances of Fiscal and Legal Accountability* stress accountability in resource management, public trust and responsibility to people receiving services and supports and their families, the community, funders and employees.

Organizing Principles

The 23 *Organizing Principles* are the basic organizational action strategies that facilitate Personal Outcomes for people receiving services and supports. They represent a collection of best and promising practices that contribute to successfully designed and delivered services based on a Personal Outcomes approach. The *Organizing Principles* are grouped in three categories: Leadership, Systems, and Quality Management and Planning.

Decision Matrix

The Term of CQL Accreditation is determined by analyzing all the data collected during the accreditation review, including:

Personal Outcome Measures[SM]
Organizational Assurances
Organizing Principles

A threshold of outcomes and supports must be present in the sample in order to be eligible for accreditation.

The Length of CQL Accreditation is based on an assessment of the organization's ability to enhance Personal Outcomes and to achieve meaningful results during the period of accreditation. The CQL review team considers the organization's attention to health, safety and welfare (*Organizational Assurances*) and its commitment to service users. The variables of Leadership, Systems, and Quality Management and Planning (*Organizing Principles*) determine the term of CQL Accreditation.