



Personal Outcome Measures® Decision-Making Series

Session #1
My Human Security

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Vision

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

Mission

CQL is dedicated to the definition, measurement and improvement of **personal** quality of life.

Session #1

My Human Security



1. People are safe
2. People are free from abuse and neglect
3. People have the best possible health
4. People experience continuity and security



Meet Lennon

- 31 years old
- Lives in an apartment
- Works at Pizza Hut
- Likes to shop. A LOT!
- Favorite things: shoes, Bohemian clothing and decorations, hosting dinner parties and baking bread
- Interested in doing: flower gardening, acting and photography
- Is not married and has no children but has twin nieces, Ashley and Taylor

At home:

- Tornado--she goes to the community laundry room (in her building)
- Fire—she leaves the building and meets with her neighbors at the end of the driveway.
- She has a first aid kit and knows what to do if has a minor injury.
- She carries a cell phone programmed with several numbers, including staff, the apartment manager, and a neighbor
- She knows how to call 911 and the local police department





People are safe

At work or out and about

- Tornado—goes to assigned area in building
- Fire—has at least 3 different ways to evacuate and meets at the street corner
- Severe Weather—will seek shelter when waiting for the bus
- Public Transportation—knows

Recently, a staff was with Lennon at Walgreens and heard Lennon talking to the clerk about some personal information about her family. A few months ago, she gave her address and phone number to a man who called frequently and stopped by late at night and she said he frightened her.



People are safe

Potential Safety Risk Identified

Recently, a staff was with Lennon at Walgreens and heard Lennon talking to the clerk about some personal information about her family. A few months ago, she gave her address and phone number to a man who called frequently and stopped by late at night and she said he frightened her.

These incidents were reported and the Program Coordinator talked to Lennon. There were no formal strategies put in place to help Lennon to understand the risks and to make choices about with whom to share personal information.

1 DECISION-MAKING

Based on the information gathered from meeting and talking with the person, follow-up meetings with others who know the person best, observations, and documentation checks, if needed, you will be able to answer the following questions about the presence of the outcome for the person and the presence of individualized organizational supports.

PERSONAL OUTCOME QUESTIONS:

- 1.1. Does the person live, work, and pursue leisure activities in environments that are safe?
- 1.2. Does the person know how to respond in the event of an emergency at home, at work, and in the community?
- 1.3. Are all the person's safety concerns addressed at home, at work, and in the community?



If the answers to #1.1, 1.2 and 1.3 are Yes, the outcome is present.

People are safe

For Lennon, is her outcome for being safe present?

A. Yes

B. No



INDIVIDUALIZED SUPPORT QUESTIONS:

1.A. Has the organization identified safety issues for the person at home, at work, and in the community?

1.B. Is the person provided with supports to address identified safety concerns, if needed and requested, at home, at work, and in the community?



Based on the answers to these questions, are individualized supports in place that facilitate this outcome at home, at work, and in the community?

YES — Supports in Place

NO — Developing Plans

NO — Aware, but No Plans

NO — Not in Place

Additional Considerations

- If the person cannot evacuate independently, but receives assistance to evacuate in emergency situations, the outcome is present.

People are safe

For Lennon, is the support for her
to be safe present?

A. Yes

B. No





Free from abuse and neglect

When Lennon first moved out of her family home, some of her family would stop by her new apartment. They took food and clothes and any cash that Lennon had with her. Prior to her moving away from her family they would take her social security money, her EBT money, and her paycheck. Sometimes, Lennon did not have enough money for the bus so she walked to work due to family taking her money in the past.

Lennon has distanced herself from those family members but they occasionally contact her. Lennon asks that staff (preferably, Sharon) help her with her mail because sometimes she will get letters from her family asking for money.



Free from abuse and neglect

Lennon and her staff open the mail and read the mail together to determine if it is a request for money from her family, an advertisement, a bill, or something else. She is learning to make that determination herself. Lennon said that she tells Sharon or the staff with her or calls her Program Coordinator if she has a problem.

The Program Coordinator was confident Lennon would tell her if someone was trying to take her money. It's been almost a year ago, when Lennon called the Program Coordinator to tell her that she had gotten a call from her family asking for money.



Free from abuse and neglect

Both Lennon and the Program Coordinator said they talk about abuse, neglect, and exploitation regularly. They also talk about what to do if she is mistreated.

The Program Coordinator said Lennon doesn't use social media to avoid her family. She does use the internet for shopping.

Education regarding ANE is conducted and Lennon feels she and her money are safe now and is not concerned that family would take it anymore.

Human Rights Committee reviews representative payee regularly due to the past exploitation of her money and Lennon is present at each review.

2 DECISION-MAKING

Based on the information gathered from meeting and talking with the person, follow-up meetings with others who know the person best, observations, and documentation checks, if needed, you will be able to answer the following questions about the presence of the outcome for the person and the presence of individualized organizational supports.

PERSONAL OUTCOME QUESTIONS:

- 2.1. Does the person understand the meaning of abuse, neglect, exploitation, and mistreatment?
- 2.2. Have there been any allegations of abuse, neglect, exploitation, and/or mistreatment by or on behalf of the person?
- 2.3. Is there any evidence that the person has been abused, neglected, exploited, and/or mistreated?
- 2.4. Is the person experiencing personal distress from any occurrence of abuse, neglect, exploitation, and/or mistreatment?



If the answers to #2.2, 2.3, and 2.4 are No, the outcome is present.

Additional Considerations

- A method to correct a situation of abuse or neglect must include provision of support necessary for the person to cope with the situation no matter when it occurred and to take legal action, if necessary.
- Any allegation of abuse and neglect must be reported and investigated regardless of the source according to organizational policy and procedure and applicable law in order for the individualized supports to be present.
- Lack of intervention in situations where staff have knowledge that the person is in danger or at risk of harm (for example, threats of suicide, threats of physical harm from others including family, inability to handle personal crisis without assistance) constitutes abuse or neglect.
- If the person continues to feel distress related to an allegation or occurrence of abuse/neglect regardless of when it occurred, the outcome is not present.
- If we are unable to determine the person's definition of the outcome, the outcome is not present.

People are free from abuse and neglect

For Lennon, is her outcome for being free from abuse and neglect present?

A. Yes

B. No



INDIVIDUALIZED SUPPORT QUESTIONS:

- 2.A.** Does the organization know about the person's concerns regarding abuse, neglect, exploitation, and/or mistreatment?
- 2.B.** Does the organization provide the person with information and education about abuse, neglect, exploitation, and/or mistreatment?
- 2.C.** Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation, and/or mistreatment (recent or in the past)?
- 2.D.** Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of suicide, threats of physical harm, inability to handle crisis without assistance)?
- 2.E.** Are any/all allegations of abuse, neglect, exploitation, and/or mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?



Based on the answers to these questions, are individualized supports in place that facilitate this outcome at home, at work, and in the community?

YES — Supports in Place

NO — Developing Plans

NO — Aware, but No Plans

NO — Not in Place

Additional Considerations

- A method to correct a situation of abuse or neglect must include provision of support necessary for the person to cope with the situation no matter when it occurred and to take legal action, if necessary.
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- If we are unable to determine the person's definition of the outcome, the outcome is not present.

People are free from abuse and neglect

For Lennon, is the support for her to be free from abuse and neglect present?

A.Yes

B.No





Lennon had some arm pain, and she was seen by a Physical Therapist. She is pain free at the moment and has exercises she does to keep her arm flexible.

She has an annual physical as well as a dental check, eye exam, and has no other specialists' exams.

There were concerns about sleep deprivation and general sickness, but all symptoms have been remedied.

She feels that all procedures have been effective and feels quite well.

Although she does not like her annual OBGYN exam, she understands the importance.



The organization assists Lennon with transportation for all appointments.

Lennon has a daily/monthly planner and keeps track of her appointments. She would like to be able to keep her own appointments and not have to have staff with her. She and her team have a plan for her to do so.

She takes a multivitamin each day without supervision.

3 DECISION-MAKING

Based on the information gathered from meeting and talking with the person, follow-up meetings with others who know the person best, observations, and documentation checks, if needed, you will be able to answer the following questions about the presence of the outcome for the person and the presence of individualized organizational supports.

PERSONAL OUTCOME QUESTIONS:

- 3.1. Does the person see health care professionals?
- 3.2. Have health care professionals identified the person's current best possible health situation, addressing any health care issues or concerns, and interventions?
- 3.3. Has health intervention been selected by the person in consultation with the health care professional?
- 3.4. Have health interventions, as desired by the person, been effective?
- 3.5. If the person needs devices or equipment such as glasses, hearing aids or dentures, are these available and in good repair?
- 3.6. Is the person receiving health care as recommended for their sex, age and health risks?
 - Complete physical exam
 - Dental exam
 - Eye exam/vision screening
 - Hearing test/screening
 - Pap test screening (if female and over 18)
 - Mammogram (if female and over 40)
 - PSA test for prostate cancer (if male and over 50)
 - Screening for colorectal cancer (if over 50)
 - Any other screenings, tests, etc. as needed



If the answers to #3.1, 3.2, 3.3, 3.4, 3.5, and 3.6, are Yes, the outcome is present.
 If the answers to any of the questions (#3.1, 3.2, 3.3, 3.4, 3.5, and 3.6) are No, was this due to informed personal choice?
 If due to informed personal choice, the outcome is present.

People have the best possible health

For Lennon, is her outcome for best possible health present?

A. Yes

B. No



3 DECISION-MAKING

INDIVIDUALIZED SUPPORT QUESTIONS:

- 3.A. Does the organization know the person's definition of best possible health?
- 3.B. Are supports provided for the person to promote and maintain best possible health if needed and requested?
- 3.C. Does the organization assure that the person has support to obtain regular medical and health services?
- 3.D. Does the organization respond to the person's changing health needs and preferences?
- 3.E. Is the person supported to be aware of their medical issues and their impact?
- 3.F. Is the person supported to self-manage their health?

 Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

- YES — Supports in Place
- NO — Developing Plans
- NO — Aware, but No Plans
- NO — Not in Place

Additional Considerations

- If people are not aware of their medical issues and their impact, and self-management of personal health is not addressed, the individualized supports are not present.
- If the person does not have support to obtain regular medical and health services, the individualized supports are not present.

People have the best possible health

For Lennon, is the support for her to have the best possible health present?

A. Yes

B. No





Experience continuity and security

Lennon has a trust fund and she doesn't know what that means

She moved into her own place in the last 2 years—she planned and saved and made it happen. She is very pleased.

Lennon said she has enough money for basics and some things she wants

According to the staff there are no changes anticipated.

She doesn't want anything to change except for her guardian.



Experience continuity and security

Her Program Coordinator and staff have been with her for the last two years. They actually helped her move.

She doesn't know if she has renter's insurance or if she has a burial plan/account

She has a banking account but isn't sure if is checking or savings.

She said she had \$5 in her purse and can always ask for more

She said she can buy whatever she wants, whenever she wants by asking staff for money.





Experience continuity and security

At this time, the organization is not formally educating Lennon on her financial situation as guardianship has taken priority.

She has asked for a different guardian and know that a guardian can make her do things she may not want to do. The process is in motion to identify a guardian that Lennon wants. Right now, she wants her Program Manager to be her guardian.



4 DECISION-MAKING

Based on the information gathered from meeting and talking with the person, follow-up meetings with others who know the person best, observations, and documentation checks, if needed, you will be able to answer the following questions about the presence of the outcome for the person and the presence of individualized organizational supports.

PERSONAL OUTCOME QUESTIONS:

- 4.1. Does the person have economic resources to meet his or her basic needs?
- 4.2. Has the person done any of the following to protect themselves or their belongings?
(power of attorney for health-related issues; power of attorney for financial-related reasons; will; homeowner/renter insurance; savings account; retirement plan; burial plan; other)?
- 4.3. Have changes occurred over the past two years in any of the following areas: change in place of residence; change in roommate/housemate; change in employment/employer; change in other daytime activities; change in relationship status; change in guardian; change in natural support network; change in provider organization; change in direct support staff; change in financial resources available; other changes important to the person?
- 4.4. Who was responsible for the change (person, guardian, family, provider, employer, or other)?
- 4.5. Are changes to the following areas anticipated in the next two years (change in place of residence; change in roommate/housemate; change in employment/employer; change in other daytime activities; change in relationship status; change in guardian; change in natural support network; change in provider organization; change in direct support staff; change in financial resources available; other changes important to the person.)?
- 4.6. Is the control over changes similar to that exercised by other people?



If the answers to #4.1 and 4.6 are Yes and the change either had no impact, was due to informed personal choice, or planned for to minimize the disruption to the person, the outcome is present.

People experience continuity and security

For Lennon, is her outcome for experiencing continuity and security present?

A. Yes

B. No



INDIVIDUALIZED SUPPORT QUESTIONS:

- 4.A. Does the organization know what is required for the person to experience continuity and security or are efforts being made to learn about the person's preferences?
- 4.B. Are supports provided to assist the person in attaining and maintaining continuity and security?



Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

YES — Supports in Place

NO — Developing Plans

NO — Aware, but No Plans

NO — Not in Place

People experience continuity and security

For Lennon, is the support for her to experience continuity and security present?

A. Yes

B. No





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