

# Workforce Priorities Quality Care Tool Kit

Quality Care Pre-Employment Attitudes Survey  
Recommended Interview Questions  
Quality Care Performance Measures Tool

---

Developed by Institute for Community Living in collaboration with University of Kansas School of Social Welfare

For more information, contact:

- Naomi Weinstein, ICL @ 212.385.3030, or [nweinstein@ICLinc.net](mailto:nweinstein@ICLinc.net)
- Amy Mendenhall, University of Kansas @ 785.864.4792 or [amendenhall@ku.edu](mailto:amendenhall@ku.edu)

# Quality Care Pre-Employment Attitudes Survey

---

- For Direct Care and Supervisory staff (Program staff)
- For Administrative and Non Direct Care staff

## WHERE DO YOU STAND? PROGRAM STAFF

INSTRUCTIONS: For each pair of statements in the row, put an X on the line between the options that best represents your own personal beliefs.

For example:

|                         | 1 | 2 | 3 | 4 | 5 |                          |
|-------------------------|---|---|---|---|---|--------------------------|
| Ice cream is delicious. | — | X | — | — | — | Ice cream is disgusting. |

*In this example, the respondent is reporting that he/she believes ice cream is much more delicious than disgusting.*

|   |  | 1 | 2 | 3 | 4 | 5 |   |
|---|--|---|---|---|---|---|---|
| 1 | As a behavioral health professional, I generally know what is best for my client.  | — | — | — | — | — | As a behavioral health professional, I have a lot to learn from my clients about what is best for them.                       |
| 2 | Clients should respect their health care providers and follow their recommendations carefully.                               | — | — | — | — | — | Clients should speak up for themselves with their health care providers when they do not agree on the treatment or diagnosis. |
| 3 | It does not matter if a client is hearing voices or using drugs. If he wants to get a job, I should help him look for a job. | — | — | — | — | — | I prefer to wait for my client's symptoms to stabilize before we start working on finding a job.                              |
| 4 | People who have a history of trauma do best with lots of structure and rules.  | — | — | — | — | — | People who have a history of trauma do best when offered lots of ways to stay in control, and choices.                        |
| 5 | I enjoy a work environment that challenges me frequently with new ideas and tasks.   | — | — | — | — | — | I prefer a stable work environment where I can excel in tasks that are familiar to me.  |
| 6 | Clients are doing the best they can at any given moment.   | — | — | — | — | — | Most people are able to control their behavior when they really want to.  |
| 7 | If my client has a problem, I will share the solution if I know the best way to resolve the issue.                           | — | — | — | — | — | If my client has a problem, I prefer to help them use their own ideas and skills to resolve the issue.                        |
| 8 | It is important for me to reach out to my clients' medical provider to make sure we are collaborating.                       | — | — | — | — | — | If a client's medical team needs something from me, they will reach out.  |
| 9 | I am very confident about my approach to working with clients.   | — | — | — | — | — | I am excited to learn new ways to support clients.  |

|    |  |           |  |
|----|--|-----------|--|
| 10 | Staff should help clients develop life goals that go beyond managing symptoms of mental illness or substance use.  | — — — — — | Staff should focus their work on helping clients reduce symptoms of mental health or substance abuse.  |
| 11 | As a behavioral health provider, I think doctors and nurses are the ones who should be helping clients manage chronic illnesses.                                   | — — — — — | As a behavioral health provider, part of my job should include helping my clients manage chronic illnesses.  |
| 12 | If things aren't going well with my client, it is because I need to shift what I'm doing.  | — — — — — | If things aren't going well, it is because my clients are not doing what they need to do.  |
| 13 | To facilitate recovery, the most important thing is to teach people who abuse alcohol and other drugs about the nature of drugs and addiction.                     | — — — — — | To facilitate recovery, the most important thing is to foster a strong relationship between the counselor and the person who abuses alcohol or other drugs.        |
| 14 | As a behavioral health provider, you have the most impact when you focus on people's strengths and assets.   | — — — — — | As a behavioral health provider, you have the most impact when you focus on helping people address their challenges and needs.                                     |
| 15 | Healing from past trauma does not require talking about what happened.   | — — — — — | In order to heal from past trauma, it is important for people to talk about what happened.   |
| 16 | I prefer using approaches and interventions I've used successfully in the past.  | — — — — — | I like to try new approaches or interventions, even if they feel uncomfortable at first.   |
| 17 | There is too much emphasis on trauma-informed care.  | — — — — — | It is essential that I practice trauma informed care because trauma has affected the majority of people I have worked with.  |
| 18 | If clients follow the advice of behavioral health professionals, their lives will be better.   | — — — — — | Following the rules and recommendations of behavioral health professionals does not always lead to the best outcomes for clients.                                  |
| 19 | As a behavioral health professional, it is part of my job to encourage clients to practice healthy living (such as healthy diet and exercise or annual flu shots). | — — — — — | It is not my responsibility to worry about whether or not my client is practicing healthy living - my focus should be on psychiatric symptoms and substance abuse. |
| 20 | Treatment plan goals and objectives should be determined by the client, even if they are experiencing symptoms like psychosis or continued substance use           | — — — — — | I should use my expertise as a behavioral health professional to determine my client's treatment plan goals and objectives.  |

## **SCORING GUIDE**

### **ATTITUDE SURVEY – Program Staff**

This brief Attitude Survey screens potential job candidates for the Quality Care values and beliefs that are foundational to the organization, specifically recovery, integrated health, person-centered care, trauma-informed approaches, and openness to change.

Total Score Range: 20-100

Scoring Direction: Higher scores indicate greater alignment with values of recovery, integrated health, person-centered care, trauma-informed approaches, and openness to change/adaptability. (Some questions are reverse scored during the scoring process which is outlined below.)

Subscales:

Each of the five subscales is comprised of 4 questions, with a subscale score range of 4 – 20

| <b>Subscale</b>                 | <b>Score range</b> |
|---------------------------------|--------------------|
| Recovery oriented               | 4 – 20             |
| Person centered                 | 4 – 20             |
| Trauma informed                 | 4 – 20             |
| Health focused                  | 4 – 20             |
| Openness to change/adaptability | 4 – 20             |
| Overall score                   | 20 - 100           |

### **Interpretation Guide**

Interpretation and application of this tool can occur at three levels, and the level at which it is used depends on the specific needs of the hiring program and/or the position for which hiring is occurring. Interpretation can occur based on the overall tool score, by subscales scores, or by individual item responses.

### **Overall Score Interpretation**

The total score for this tool can range from 20 to 100 with higher scores indicating greater alignment with Quality Care values. Lower scores indicate a need for further exploration of relevant attitudes, beliefs, and experience, if the candidate is invited for an interview.

### **Subscales**

The five subscales each include four questions. Interpretation of the subscales may be desirable if a specific Quality Care value is of greater importance or interest for a particular program or for the position being hired for. For example, a program that is for people with mental illness who have histories of PTSD might be especially interested in the trauma subscale score. Lower scores on a subscale would point to a need for further exploration of these themes if the candidate is invited for an interview.

### Individual Items

Although it is not recommended that interpretation occur at the individual item level for hiring purposes, it may be helpful to look at responses to individual items when using the tool to guide training or professional development plans for employees.

### Scoring Instructions

1. Write the numerical value for each response (1 – 5).
2. Some measures are “traditional” in scoring so that the preferred direction is the “higher value.” No adjustment needs to be made for these items. The original number assigned the attitude is the final version. (*Measures #1, 2, 4, 7, 9, 11, 13, 16, 17, and 18*).
3. For measures that are “reverse scored” (preferred direction is left, rather than right - *Measures #3, 5, 6, 8, 10, 12, 14, 15, 19 and 20*), and the original values need to be adjusted to calculate final scores, using the guide below:

| Original value |   | Adjusted value |
|----------------|---|----------------|
| 1              | → | 5              |
| 2              | → | 4              |
| 3              | → | 3              |
| 4              | → | 2              |
| 5              | → | 1              |

4. Place the values for each measure (adjusted or traditional) into the worksheet below to calculate subscale scores:

| Scoring Worksheet   |  |
|---|--|
| Recovery = $\frac{\quad}{Q3} + \frac{\quad}{Q10} + \frac{\quad}{Q13} + \frac{\quad}{Q18}$ →       | <u>          </u><br><b>Recovery Subscale</b>        |
| Person Centered = $\frac{\quad}{Q1} + \frac{\quad}{Q7} + \frac{\quad}{Q14} + \frac{\quad}{Q20}$ → | <u>          </u><br><b>Person-Centered Subscale</b> |
| Trauma = $\frac{\quad}{Q4} + \frac{\quad}{Q6} + \frac{\quad}{Q15} + \frac{\quad}{Q17}$ →          | <u>          </u><br><b>Trauma Subscale</b>          |
| Whole health = $\frac{\quad}{Q2} + \frac{\quad}{Q8} + \frac{\quad}{Q11} + \frac{\quad}{Q19}$ →    | <u>          </u><br><b>Whole Health Subscale</b>    |
| Open to change = $\frac{\quad}{Q5} + \frac{\quad}{Q9} + \frac{\quad}{Q12} + \frac{\quad}{Q16}$ →  | <u>          </u><br><b>Open to Change Subscale</b>  |
| <b>OVERALL SCORE (Total of all Subscale Scores)</b>   | <u>          </u>                                    |

## Example:

| Item # | Preferred Direction | Original Value | Adjusted Value | Subscale        |
|--------|---------------------|----------------|----------------|-----------------|
| 1      | Traditional         | 4              | 4              | Person-centered |
| 2      | Traditional         | 3              | 3              | Whole health    |
| 3      | Reverse             | 4              | 2              | Recovery        |
| 4      | Traditional         | 1              | 1              | Trauma          |
| 5      | Reverse             | 1              | 5              | Open to change  |
| 6      | Reverse             | 2              | 4              | Trauma          |
| 7      | Traditional         | 4              | 4              | Person-centered |
| 8      | Reverse             | 5              | 1              | Whole health    |
| 9      | Traditional         | 4              | 4              | Open to change  |
| 10     | Reverse             | 2              | 4              | Recovery        |
| 11     | Traditional         | 2              | 2              | Whole health    |
| 12     | Reverse             | 4              | 2              | Open to change  |
| 13     | Traditional         | 4              | 4              | Recovery        |
| 14     | Reverse             | 3              | 3              | Person-centered |
| 15     | Reverse             | 2              | 4              | Trauma          |
| 16     | Traditional         | 5              | 5              | Open to change  |
| 17     | Traditional         | 5              | 5              | Trauma          |
| 18     | Traditional         | 4              | 4              | Recovery        |
| 19     | Reverse             | 2              | 4              | Whole health    |
| 20     | Reverse             | 4              | 2              | Person-centered |

### Subscale score worksheet (example)

$$\text{Recovery} = \frac{2}{Q3} + \frac{4}{Q10} + \frac{4}{Q13} + \frac{4}{Q18} = \frac{14}{\text{Recovery Subscale}}$$

$$\text{Person Centered} = \frac{4}{Q1} + \frac{4}{Q7} + \frac{3}{Q14} + \frac{2}{Q20} = \frac{13}{\text{Person-Centered Subscale}}$$

$$\text{Trauma} = \frac{1}{Q4} + \frac{4}{Q6} + \frac{4}{Q15} + \frac{5}{Q17} = \frac{14}{\text{Trauma Subscale}}$$

$$\text{Whole health} = \frac{3}{Q2} + \frac{1}{Q8} + \frac{2}{Q11} + \frac{4}{Q19} = \frac{10}{\text{Whole health Subscale}}$$

$$\text{Open to change} = \frac{5}{Q5} + \frac{4}{Q9} + \frac{2}{Q12} + \frac{5}{Q16} = \frac{16}{\text{Open to change Subscale}}$$

$$\text{OVERALL SCORE} = \frac{67}{\text{Overall Score}}$$

## WHERE DO YOU STAND?

### Administrative and Non-Program Staff

**INSTRUCTIONS:** For each statement, indicate how much you agree or disagree. **Please circle only one answer per row.** (The box on the right of each question is for administrative use only.)

|   |                   |                   |         |                |                |  |
|---|-------------------|-------------------|---------|----------------|----------------|--|
| 1. Some people have such severe mental health or substance use problems they cannot be helped.  | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 2. Some people with mental health or substance abuse problems do not know what is best for them.  | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 3. I enjoy a work environment that regularly offers new challenges and things to learn.   | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 4. In general, if things are not going well, it is because I need to shift what I am doing.   | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 5. When people act out, it is usually because they want attention.  | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 6. I am comfortable being around people who are different from me.  | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 7. Everybody has the right to have a say in decisions made about their own lives, even people with psychiatric symptoms or who are abusing substances.  | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |
| 8. In this job, I will not be responsible for individual clients. I need to focus on the skills I need to do <i>my</i> job well. Understanding this organization's approach to care is not really important for me. | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |  |



## SCORING GUIDE (non-program and administrative staff)

This Attitude Survey contains questions that address two issues, or “subscales”:

- Alignment with a guiding Quality Care approach to care (trauma informed, recovery oriented, whole health focused, and person centered)
- Being a good colleague in a Quality Care-focused organization

### Calculating scores

For some of the questions, Strongly Agree is the most desirable answer. Other questions are scored in reverse, where Strongly Disagree is the most desirable answer.

To create a final score for this survey, use the boxes to the right of each question to convert the response to a score, using the guide below. Then add the scores for each subscale.

| Questions 1, 2, 5, 8  | Questions 3, 4, 6, and 7  |
|---|---|
| Strongly disagree = 5<br>Somewhat disagree = 4<br>Neutral = 3<br>Somewhat agree = 2<br>Strongly agree = 1 | Strongly disagree = 1<br>Somewhat disagree = 2<br>Neutral = 3<br>Somewhat agree = 4<br>Strongly agree = 5 |

### Subscales

Add the scores recorded previously for the following questions to calculate a score for each subscale:

| Alignment with TRIP Approach  | Good colleague in TRIP focused organization                             |
|---|---|
| Add scores for:<br>Question 1 + Question 2 + Question 5<br>+ Question 7 | Add scores for:<br>Question 3 + Question 4 + Question 6 +<br>Question 8 |

*NOTE: Scores on this Attitude Survey should not be used to determine eligibility or to disqualify a candidate for employment. The results should be used as supplemental data to help inform hiring decisions, and to create onboarding support plans for those selected for employment.*

*These questions are not intended to be inclusive of all aspects of working in a Quality Care environment.*

## Recommended Interview Questions

---

- Recovery and person-centered care
- Trauma informed care approach
- Integrated health/whole health focus

## Recommended Interview Questions:

### **Recovery focused and person-centered care**

---

The questions below are intended as a guide for interviewers interested in exploring candidate's skills, knowledge, and attitudes towards recovery and person-centered care.

You may also want to probe for competency in the following "soft skills" that are essential to a recovery-focused orientation:

- Collaboration
- Continuous learning
- Power sharing
- Non-judgmental listening
- Empathy
- Patience
- Unconditional support for others
- Strengths-based approaches

---

### Basic understanding of recovery and person-centered care principles

- What do you think recovery is, and what is it not?
- How is recovery the same as or different from treatment?
- What do you do in your work with clients that would demonstrate to an observer that your approach is recovery oriented?

---

### Attitudes towards recovery and person-centered care

- Describe the likelihood of recovery for people you have worked with.
- From your experience, what kinds of goals are appropriate for clients to work towards? What goals would you consider inappropriate?
- If a person has made a decision that you think is bad or might lead to failure, how do you respond?
- To what extent should people experiencing psychiatric symptoms or actively using substances be allowed to make decisions for themselves?

---

### Client participation in service design and delivery

- How do you respond when a client shares a goal that you think is not achievable or reasonable?
- Describe how you have developed treatment plans for people who are not able to specify any personal goals or desired interventions?
- How should programs involve clients in the design of services?
- Talk about how you have worked with clients who do not consistently participate in the services on the treatment plan.

---

## Recovery outcomes

- Tell me about a time you tapped into non-traditional supports to work with a client (*examples of non-traditional supports could include acupuncture, peer staff, service animals, Reiki, Hearing Voices groups*).
- Describe some of the ways you have encouraged clients to be more integrated into their communities.
- Tell me about how you support clients who are interested in getting a job.
- Can you share an example of support you provided to a client around managing an intimate relationship?

---

## Being a recovery-focused, person-centered practitioner

- Describe how you think staff members can use self-disclosure in their work with clients.
- Tell me about a situation working with a client that made you lose hope. What did you do as a result?
- Describe your experience working with peer staff as a member of the service delivery team.
- Think about a client you found challenging to work with. Describe why that person was challenging for you. Next, tell me about the person's strengths, and anything you did to tap into these assets.
- Tell me about a time you felt defeated by your work. How did you respond?
- Tell me about a risk you have taken and how it turned out.
- Tell me about something you learned from a client.

---

## Questions for candidates for supervisor and leadership positions

- If you were in charge of the physical environment of your program, what would you do to make a recovery philosophy stand out?
- What does a recovery-focused practitioner do as a supervisor that a non-recovery-oriented person might not do?
- When reviewing staff documentation, what would you look for as indicators of their orientation towards recovery and person centered care?
- You are with some staff in chatting after a meeting. One staff person is complaining about a client, saying "schizophrenics are like that, I guess." What is your response?

## Recommended Interview Questions:

### **Trauma Informed Approaches**

---

The questions below are intended as a guide for interviewers interested in exploring candidate's skills, knowledge, and attitudes towards trauma-informed approaches.

You may also want to probe for competency in the following "soft skills" that are essential to a trauma-informed approach:

- Empowering clients
- Trustworthiness
- Dependability and reliability
- Strengths-based
- Empathy and compassion
- Non-judgmental listening
- De-escalation
- Problem-solving

---

### Basic understanding

- What do you think about trauma-informed care? Can you describe what it means to you?
- Can you tell me about some of the skills you use to provide trauma-informed care?
- What do you think is the percentage of client you have work with in the past who have histories of trauma? How have these trauma histories expressed themselves behaviorally?
- To what extent do you think clients are able to control their behavior? To what extent do you think behavioral challenges are related to past traumas? How so?

---

### Providing support; showing compassion

- Tell me about a time you worked with a client who had a history of trauma. How did you respond to their specific needs? How did that experience inform your work with other clients?
- Describe the things you do to create an environment of that is trauma-informed.
- Give some examples of how you connected with clients who seemed distrustful or distant.

---

## Dealing with crisis and handling escalations

- Tell me about a time when you had to calm down a person who was upset and behaving irrationally.
- Tell me about a time when someone was agitated and you were not able to help them de-escalate.
- Tell me about a time when you had to respond quickly to a crisis. What was your approach? What was the outcome?
- Sometimes our work is judged or criticized unfairly, or our intent is misunderstood. Can you tell me about a situation that fits this description?
- Talk about the steps you personally take to build trust with your supervisor and co-workers.

---

## Creating safety

- What are some things you consider when you want to make sure a client feels safe? (*look for examples of both physical and emotional safety*)
- What are some strategies you use to maximize opportunities for choice with clients?
- Tell us about working with a client with a trauma history. What coping skills did you work on with this person and what was the outcome?
- Talk about a time you had to anticipate a situation that would be re-traumatizing or trigger to a client.

---

## Working with youth and families

- Think about a young person you have worked with who has a history of trauma. What were some of the situations that were triggering to this person? What did you do to support them in coping and managing their emotions?
- Please share any ideas you have for building resilience in youth who have experienced trauma.
- What is something people who have only worked with adults get wrong about working with young people who have experienced trauma?

---

## Questions for candidates for supervisor and leadership positions

- Describe ways you both model and encourage trauma-informed care and practice.
- How do you provide corrective feedback to staff who are not working with clients in a trauma-informed way?
- What strategies have you built into your work to build resilience on your team, and address secondary traumatic stress, vicarious trauma and burnout?

*Some of these questions are derived from the National Council of Behavioral Health's initiative on Trauma Informed Primary Care's Trauma Informed Care Interview Questions.*

## Recommended Interview Questions:

### **Whole Health/Integration of Physical and Behavioral Health**

---

The questions below are intended as a guide for interviewers interested in exploring candidate's skills, knowledge, and attitudes towards integrated physical and behavioral health care.

You may also want to probe for competency in the following "soft skills" that are essential to a whole health orientation:

- Collaboration
- Communication
- Learning
- Empathy
- Listening
- Observation and awareness

---

#### Scope of practice

- How would you define *whole health*? (look for answers that include *monitoring of chronic illness, overlap of behavioral and physical health, and addressing social determinants of health as part of practice*)? What is the role of behavioral health in addressing "whole health"?
- To what extent do you think a job like this should focus on physical health issues? How should this be done?
- What does the term "social determinants of health" mean to you? What do you think might be some of the challenges of this position in addressing social determinants of health?
- What are some health issues you think should be part of the job description of a case manager or counselor?

---

#### Knowledge, understanding, and attitudes towards health

- Explain some of the ways you think culture impacts a person's health.
- In your experience, what are some of the ways physical health challenges impact your clients, their recovery, and your work with them?
- Which health topics do you find challenging to discuss with clients? (look for comments about sex, substance abuse – recognizing these as health issues) How often do you find yourself bringing up these issues?
- What are some of the reasons you think clients might not consistently take medication as prescribed? Describe a time you worked with a client who did not take medications as prescribed?
- What are some of the strategies you use to help clients improve their wellness skills?



---

## Information sharing and teamwork

- Describe how you share information about your clients with others on your team. How frequently do you share information about the people you are currently supporting?
- Share how you have used technology to help you focus on the well-being of a client. Which tool did you use, and how did you use it?
- Can you give an example of how you have interacted with a client's medical providers in the past? How is this typical for you? In what ways was this different?

---

## Supporting individuals

- Can you talk about a time when you supported a client who received a medical diagnosis that was unfamiliar to both you and the client?
- Your client does not have a trusting relationship with her endocrinologist. She has an appointment tomorrow. What can you do to support her?
- Tell us about working with a client who was not "taking good care of his health."
- You make a home visit to a client who has been showing signs of increased isolation because he has a lingering cough. While at the home, you notice a window that does not close properly, and some mold in the bathroom. What do you do?
- Tell me about a time when supporting a client's health made you feel hopeless or out of your league. How did you handle this experience? What other situations with clients make you feel that way?

---

## Questions for candidates for supervisor and leadership positions

- What do you think are the responsibilities of a case manager or counselor in working with a client who has medical problems?
- As a leader, how do you encourage your staff to think about the connection between physical and behavioral health challenges?
- Talk about a situation in which your staff had to work with clients in living situations that were responsible for poor health outcomes. How did you support your staff's work with these clients?
- Describe two ways you have held staff accountable for staying on top of both the physical and behavioral health issues of a client.
- What kind of training do you think is important for staff to maintain a whole health perspective?
- How do you incorporate conversations about whole health/integrated health into staff meetings? Supervision sessions?

# Quality Care Performance Measures Tool

---

- Front line staff
- Program directors and supervisors

# Quality Care Performance Assessment: Front Line Staff

Recovery oriented, person centered, trauma informed, and whole health focused

Name of Staff Person: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Title: \_\_\_\_\_

Program: \_\_\_\_\_

Below are ways program staff demonstrate they are recovery oriented, person centered, trauma informed, and whole health focused. Rate how often this staff person demonstrates the skills and approaches listed below, considering behavior you've witnessed directly, conversations you have had in supervision or staff meetings, documentation you've reviewed, or other interactions with this individual.

Use the following categories to rate the frequency of the behavior:

- **Never/Rarely** – as a supervisor you have had opportunities to observe whether or not this person practices this approach, and you've observed that this person *never or rarely* does this.
- **Sometimes** – as a supervisor, you have seen the staff person practice this approach *sometimes*.
- **Often** – as a supervisor, you have seen the staff person practice this approach *often*.
- **Not seen/don't know** – as a supervisor, you have *not had an opportunity to observe whether or not this person practices this approach*. (For example, it might be a new staff person, or because of remote supervision, you have not yet observed this practice in action.)
- **Not part of job** – this person's job *responsibilities do not include these practices or approaches*

| RECOVERY MEASURES  | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) | Not part<br>of job |
|--|------------------|-----------|-------|--------------------------------|--------------------|
| Helps people develop new skills to better manage their symptoms and challenges   |                  |           |       |                                |                    |
| Works with people to identify and resolve barriers to attaining goals  |                  |           |       |                                |                    |
| Helps people come up with their own solutions to problems, rather than providing answers for them  |                  |           |       |                                |                    |
| Encourages people to establish and maintain connections with family, friends, and other social connections                                   |                  |           |       |                                |                    |
| Encourages people to seek volunteer positions, jobs, or additional education, even if they have psychiatric symptoms or are using substances |                  |           |       |                                |                    |

| PERSON-CENTERED MEASURES  | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) | Not part<br>of job |
|---|------------------|-----------|-------|--------------------------------|--------------------|
| Focuses on goals and objectives identified by the individual, not the provider                        |                  |           |       |                                |                    |
| Focuses on people's strengths and assets rather than their symptoms or problems                       |                  |           |       |                                |                    |
| Ensures services provided reflect the unique needs and interests of the individual                    |                  |           |       |                                |                    |
| Works with people as partners who can make their own decisions, rather than "clients" with less power |                  |           |       |                                |                    |
| Describes problem behavior, instead of relying on diagnoses or labels                                 |                  |           |       |                                |                    |

| TRAUMA INFORMED MEASURES  | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) | Not part<br>of job |
|---|------------------|-----------|-------|--------------------------------|--------------------|
| Considers trauma as a possible explanation for challenging behavior                               |                  |           |       |                                |                    |
| Works with people to help them develop coping strategies ( <i>for example</i> : grounding skills) |                  |           |       |                                |                    |
| Uses de-escalation strategies to defuse challenging situations                                    |                  |           |       |                                |                    |
| Offers opportunities for choice, rather than telling people what to do                            |                  |           |       |                                |                    |
| Anticipates situations that might be re-traumatizing for an individual                            |                  |           |       |                                |                    |

| WHOLE HEALTH MEASURES   | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) | Not part<br>of job |
|---|------------------|-----------|-------|--------------------------------|--------------------|
| Helps people develop self-advocacy skills to better manage interactions with health care providers                                    |                  |           |       |                                |                    |
| Considers possibility of medical explanations for unusual behaviors   |                  |           |       |                                |                    |
| Encourages involvement in preventive health care and wellness (eg: flu shots, healthy eating, regular exercise, or smoking cessation) |                  |           |       |                                |                    |
| Works to resolve poverty-related or environmental factors that might contribute to health problems (social determinants)              |                  |           |       |                                |                    |
| Works with people to manage their chronic health problems   |                  |           |       |                                |                    |

# Quality Care Performance Assessment: Program Directors/Supervisors

Recovery oriented, person centered, trauma informed, and whole health focused

Name of Staff Person: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Title: \_\_\_\_\_

Program: \_\_\_\_\_

Typically, program Directors and supervisors are the clinical leaders in their programs, responsible for ensuring a consistently high level of care. They are also the managers and administrative leaders of their programs, responsible for running their programs smoothly. First, rate these leaders' understanding of Quality Care principles (recovery, person-centered, trauma informed, and whole health focused) by checking yes or no, and providing more detailed commentary in the space to the right.

| Understanding of Quality Care Principles  |     |    |          |
|---|-----|----|----------|
|   | Yes | No | Comments |
| Demonstrates a clear understanding of recovery oriented, person centered care     |     |    |          |
| Demonstrates a clear understanding of trauma-informed care                        |     |    |          |
| Demonstrates a clear understanding of integrated health/whole health focused care |     |    |          |

Below are ways Program Directors and Supervisors ensure their program is recovery oriented, person centered, trauma informed, and whole health focused. Rate how often this Program Director/Supervisor demonstrates the skills and approaches listed below. Try to rely primarily on behavior you have witnessed directly, had reported to you, or observed in other ways. Avoid "guessing" about the person's behavior. Use the following categories to rate the frequency of the behavior:

- **Never/Rarely** – Although you have had opportunities to observe the person engaged in this approach, you have *never or rarely* observed this person doing this.
- **Sometimes** – You have seen the Program Director/Supervisor practice this approach *sometimes*.
- **Often** – You have seen the Program Director/Supervisor practice this approach *often*.
- **Not seen/don't know** – You have *not had an opportunity to observe whether or not this person practices this approach*. (For example, it might be a new staff person, or because of remote supervision, you have not yet observed this practice in action.)

| Ensuring Quality Clinical Care   | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) |
|--|------------------|-----------|-------|--------------------------------|
| Sets clear Quality Care aligned expectations for staff about how to work with clients  |                  |           |       |                                |
| Encourages staff to promote employment, volunteer positions, education, family connections, relationships, and other recovery outcomes for all clients |                  |           |       |                                |
| Makes sure staff use de-escalation strategies to support clients who are upset   |                  |           |       |                                |
| Ensures documentation uses person-first language and avoids labels and judgment  |                  |           |       |                                |
| Role models Quality Care principles in interactions with clients   |                  |           |       |                                |
| Encourages staff to consider explanations for challenging behavior related to health, trauma, and culture  |                  |           |       |                                |
| Makes sure staff are aware of how they may “trigger” trauma responses, and avoid these triggers whenever possible                                      |                  |           |       |                                |
| Insists on collaboration with other programs or agencies to focus on whole person care   |                  |           |       |                                |
| Ensures staff are helping clients develop health and wellness skills, such as talking about healthy living, and chronic illnesses                      |                  |           |       |                                |

| Program Management and Leadership   | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) |
|---|------------------|-----------|-------|--------------------------------|
| Makes sure peer staff are fully integrated into the team  |                  |           |       |                                |
| Involves staff and clients in special projects  |                  |           |       |                                |
| When interviewing for open positions, asks candidates questions that about trauma, recovery, and whole health approaches  |                  |           |       |                                |
| Includes feedback on staff's Quality Care behavior in Performance Appraisals  |                  |           |       |                                |
| Talks about burnout and secondary traumatic stress in meetings and supervision with staff   |                  |           |       |                                |
| Has safety practices and protocols in place to protect staff  |                  |           |       |                                |
| Ensures support is provided support following distressing incidents   |                  |           |       |                                |
| Ensures physical environment reflects recovery-oriented goals<br><br>_____ Not applicable given program model (eg: <i>services delivered in the community</i> ) |                  |           |       |                                |

| Developing Staff Skills  | Never/<br>Rarely | Sometimes | Often | Not<br>Seen<br>(Don't<br>know) |
|--|------------------|-----------|-------|--------------------------------|
| Discusses Quality Care themes in supervision and staff meetings                                  |                  |           |       |                                |
| Provides positive as well as corrective feedback to staff about their interactions with clients  |                  |           |       |                                |
| Shares information about recovery/person centered care, trauma, and whole health with their team |                  |           |       |                                |
| Holds staff accountable for participating in trainings   |                  |           |       |                                |
| Uses probationary period to make sure new staff understand the basics of Quality Care approach   |                  |           |       |                                |
| Discusses client successes/progress at staff meetings  |                  |           |       |                                |
| Conducts direct observation of staff interactions with clients, to promote quality care          |                  |           |       |                                |

*Use the ratings above to create a development plan that will provide guidance for the Program Director or Supervisor in ways to strengthen their performance as a Quality Care program leader.*