



Standards for Quality- ID/MH

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3 Separate but interrelated competency-based quality standards programs:

- Accreditation for organizations
- Certification for clinicians
- Certification for direct support professionals (DSP)



Quality Standards are Important to:

- Provide monitoring and feedback on state-of the art and best practice support & treatment
- Improve current systems of care
- Assist organizations, clinicians, person receiving services, families/advocates & insurance companies to make informed choices about quality of services



An association for persons with
developmental disabilities and
mental health needs.

Purpose of Standards Program

- Promote & advance the field of DD/ID & MH by establishing standards and competencies to ensure the highest standard of care
- Develop high quality standards that monitor and maintain evidence-based interventions and supports to improve quality of care and responsiveness of programs



An association for persons with developmental disabilities and mental health needs.

Purpose of Standards Program

- Develop & coordinate a system of evaluation and credentialing for organizations and personnel
- Conduct reviews based on NADD credentialing standards that identify best practice and provide consultation/feedback on strengths, weakness, and areas for improvement



Purpose of Standards Program

- Increase effectiveness of supports, diagnosis, and treatment
- Develop a repository of information that can be shared & generalized to others
- Recognize organizations, clinicians, and support staff that achieve full certification through the NADD review process

What Is Credentialing

- Review process designed to establish standards of practice.
- Identifies skills, knowledge and attributes needed in a particular field.

Why Credentialing?

- Provide a workforce and system with a demonstrated level of expertise
- Assure that public and private healthcare dollars are purchasing effective services
- Assist families/advocates to make informed choices about services

Why Competency Based?

- A license or degree no longer predicts competency
- Provides a reliable, valid assessment of the ability of the individual or organization to perform tasks or duties required
- A competency-based system recognizes the importance of knowledge, skills, abilities, personality traits, and other characteristics in performing the required tasks or duties



Partners

- NASDDPD (National Association of State Directors of Developmental Disability Services)
- NASMHPD (National Association of State Mental Health Program Directors)

Value to States

- There will be a standard that could be used in all states
- Learning curves can be reduced among states
- Assist states in decision making
 - services
 - contracting
 - funding and
 - infrastructure
- Could be transportable for service users
- It may foster collaboration at the federal level
- It may encourage a “whole person” focus



Standards for (

ID/MH

Provider/Agency Accreditation



Vision of Provider Accreditation

Accreditation standards in dual diagnosis are important to:

- Provide monitoring and feedback in state of the art and evidenced based and best practice care for facilities, clinicians, families and support staff that will improve the level of expertise in assessment, treatment and support for individuals with MI/ID
- To improve the current systems of care with standards that that are current, state of the art evidenced based and best practices in supporting individuals and families with co-occurring MI/ID
- The standards will assist providers, clinicians, consumers, families/advocates and HMO's to make informed choices about quality of services and supports for MI/ID



Purpose of Agency / Provider Accreditation

Mission for developing the Dual Diagnosis Accreditation program are:

- to develop high quality standards that monitor and maintain evidence based interventions and supports for individuals and families and continually improve the quality care and responsiveness of the programs and services delivery that support to persons
- to recognize organizations, clinicians, and support staff that achieve full certification through the NADD review process and demonstrate their commitment to the continuous improvement of their programs and services.



Purpose of Agency / Provider Accreditation

- to conduct reviews based on NADD accreditation standards that identify evidenced based and best practice and to provide consultation / feedback on the agency / providers strengths, weakness and areas for improvement.
- to provide recognition to clinicians, agencies and support staff in meeting NADD certification standards of their programs and services.

Suggested Competency Areas

- Holistic Approach – Detail all inclusive - what / who is involved
- Protocols for Assessment / Treatment
- Medication list / History of medications/use of medication (Medication Reconciliation, including rationale)
- Medical History / Trauma History
- Loss and Grieving

Suggested Competency Areas

- Treatment plans are team based and developed in Positive Approaches philosophy
- Treatments that follow best practices guidelines and are evidence-based for ID/MI
- Treatment is fully intergraded with other disciplines (medicine,neurology, sleep, GI)
- Response to treatment / intervention measures
(data based treatment decisions)

Competency Areas

- Includes person/ family in the treatment planning process (voice and choice)
- Staff / Family and Consumer Training / Interface with 911 and local police
- Cultural competency and how is it demonstrated
- Use of informatics / Electronic/Technology (Telemedicine to e-mailing families)

Suggested Competency Areas

- Advocacy / consumer / person rights
- Least restrictive treatment approach
- Crisis and emergency room services – linkages to other programs/systems – QA goals
- Composition of the treatment team members
- Crisis management / Responses- How did staff respond Follow up? Next occurrence?

Three Components of Review: Phase One

1. Interview format –

The reviewer will have face to face interviews regarding specific cases with treatment team members, ancillary staff (medical and behavioral health), agency administrators and direct care staff

Three Components of Review: Phase Two

- **2. Records Review –**
 - review on specific cases to ensure clear documentation that reflects standards
 - direct observation of what is written in the chart or what the staff describes
 - Coordination between the support staff and treatment team members



Three Components of Review: Phase Three

- Policy Review

reviewer checks that the policies and procedures that are written in the agency program manual reflects the guidelines of best practice as established by the NADD certification

Scoring the Agency Standards

Directions: In each of the module competency areas, rate items that are relevant to each area. For each item listed, circle the number that best describes the agency in meeting best practice standards and competency for providing services for people with (ID/MI).

0 = No evidence of meeting minimal best practice standards

1 = some evidences (verbal, written, observation) in meeting minimal evidenced based and best practice standards

2 = Significant evidence/support (written, standards, protocols, observation) in meeting evidenced based and best practice standards

3 = Evidence/support (written, standards, protocols, observation) exceeds best practice standards

N/A – Non-Applicable – Area, item does not apply



Accreditation Decisions

Three Year – Full certification for agencies / providers who meet NADD certification standards for support person's with Dual Diagnosis (ID/MI)

Provisional - Time limited certification for agencies, providers who score below NADD Certification standards or who are recently established and/or have limited experience in providing services and supports for person's with Dual Diagnosis (ID/MI)

* Provisional Limit 1 year

* Provisional Limit 2 years

Non Accreditation – The mission, values, treatment and services of the agency / provider directly interferes with the health safety, welfare, and rights of the individual, being served.

Scoring

	Competency	Score
I	Medication reconciliation	
II	Holistic approach	
III	Database/outcomes	
IV	Protocols for assessment	
V	Treatment plans	
VI	Basic health care	
VII	Treatment team members	
VIII	Staff/family/consumer training	
IX	Crisis/emergency services	

Scoring

	Competency	Score
X	Cultural competency/family values	
XI	Loss & grieving	
XII	QI /incident management	
XIII	Evidenced-based practices	
XIV	Permanency	
XV	Interagency & cross agency collaboration	
XVI	Long term living/service coordination	
XVII	Advocacy & rights	
XVIII	Informatics & technology	



Program / facility Summary,
Feedback, Recommendation and
Follow-up

Agency / Provider Name: _____ Date of Survey: _____

Certification Score: _____

Agency Strengths: _____

Agency Weaknesses: _____

General Comments: _____

Goals for follow-up or next review period:



Standards for Quality-ID/MH

Professional/Clinical Credential



Professional Credentialing

- Dan Baker co-chair
- Jarrett Barnhill co-chair
- Rob Fletcher
- Mark Fleisher
- Gene McConnachie
- Carol Persons
- Tim Barksdale
- Betsy Benson
- Ann Hurley
- Donna Nagy McNelis
- Jack Toomey
- Susan Havercamp
- Lucy Esralew
- Nancy Razza
- Robin VanEerden
- Diane Cox-Lindenbaum
- Steve Ruedrich



Purpose

- To establish a process for professionals who work with persons who have MI/ID;
- To improve the clinical skill and ability in professionals who work with this population;
- To create an awareness of best practices.



Who Is Eligible?

- All individuals seeking certification will need either
 - MA, MS, MSW or terminal degree such as PhD, PsyD, EdD
 - State license as a Applied Behavior Analyst
 - Discipline specific licensing or board certification

Who Is Eli

- 5 Years of experience are required for either of these options with the amount required based on the level of degree.
- In special cases, a waiver request with an explanation would be accepted.

First Stage

- Applicants will need to document their
 - education;
 - copy of state professional license;
 - disciplinary certification if appropriate,;
 - years of experience via resume, and
 - provide 3 letters of reference about their clinical skills.

Second Stage

- If accepted,
 - the applicant is asked to provide a work sample demonstrating their competency in working with persons with ID/MI
- The sample will be reviewed
 - by two professionals who will assess the degree to which the work sample meets best practice standards (currently being developed by this subcommittee)

Areas of Consideration

- Ethics
- Lifespan
- Positive environment/behavior support
- Psychopharmacology
- Ruling out medical issues
- Substance abuse
- Therapy

Second Stage: Work Sample

- As the second part of the process,
 - applicants will be asked to submit 2 work samples and asked to provide their professional opinion on the challenging cases.
- There will be a common set of questions across all vignettes to guide responses.
- The work samples will be reviewed and then an interview may be conducted if deemed necessary.

- For each sample, members of the subcommittee will review the work sample to identify best practices for each case;
- This list is not seen as exhaustive;
- Applicant responses will be scored based on evidence of their responses meeting best practices as defined by subcommittee identification of best responses.

Grand- parenting

- Individuals who complete criteria 1 and 2 and have 15 years of experience, 10 in ID/MH, may apply with letters of reference and will not be required to submit 2 clinical vignettes
- All applicants shall attest to ethical standards of their profession as well as state, province or country ethics and regulations.
- Any disciplinary events, lawsuits past or pending shall be reported and reviewed by the committee.



Completing Professional Certification

- If an applicant completes all stages successfully, NADD Professional Certification is achieved.
- There will be a need for ongoing ID/MI continuing education of 10 hours every 2 years.
- It is the responsibility of the applicant to maintain their record of continuing education.



Standards for Quality- ID/MH

Direct Support Professional Credential



Direct Support Professional Credentialing

- Kathy Olson, Chairperson
- Melissa Cheplic
- Tony Thomas
- Deceil Moore
- Robert Fletcher
- Donna Nagy McNelis
- Jerry Hodges
- Susan Morris
- Susan O'Neil
- Ed Seliger
- Debra Little Smith
- Lori Sedlezky
- Marianne Taylor
- Belinda White

DSP Certification

- Develop certification for Direct Support Professionals working with individuals who have MI/DD
- Identify competencies to evaluate the DSP's knowledge, values, skill, and ability working with people with MI/DD
- Increase the capacity of DSPs to work with individuals with MI/DD
- Acknowledge the importance of the DSP in providing treatment and support to people with MI/DD

Challenges

- DSPs generally are not certified or credentialed
- Requirements for employment vary
- DSPs have varying levels of education
- Educational opportunities are often limited
- DSPs generally work for low wages

DSP Considerations

- Age / Education / Background
- Earnings
- Turnover

Considerations

- Affordable
- Achievable
- Meaningful



DSP Certification Should:

- Ensure use of best practices in providing supports to individuals who have MI/DD
- Interface with existing curricula and certification programs, supplemented with relevant MI/DD information
- Identify competency areas, operationalize applicable skills
- Develop an application and evaluation process for credentialing

Development Process

- Reviewed current national certification programs for DSPs and examined related competencies
- Identified current exemplary programs that serve individuals with MI/DD
- Surveyed key informants to:
 - Identify the characteristics of settings and programs where DSPs work with co-occurring MI/DD
 - Assess current skill and training requirements
 - Identify characteristics and skills of exemplary DSPs



Survey to Identify Competencies for Direct Support Professional

- Describe MI/DD program (residence, hospital, outpatient) main consumers (demographics) and level of staff (clinicians, DSPs, etc), hiring criteria
- Current staff training, specialized MI/DD training, further training that would be useful
- Core competencies
- Measuring effectiveness and outcomes;
- Program funding (DD services, MH, other) – impact on identifying stakeholders
- “What are the characteristics, values, knowledge, and ethics that are seen in competent DSPs working with individuals who have MI/DD?”



Characteristics, Values, Knowledge, & Ethics

- Experienced
- Consistent
- Empowered
- Knowledge of symptoms
- Positive & effective communicator
- Advocate
- Dedicated and patient
- Problem solving, teamwork
- Committed to lifelong learning, career-oriented
- Understands the relationship between MH diagnosis and problem behavior and quality of life
- Patient, compassionate, attentive



Characteristics, Values, Knowledge, & Ethics

- Assessment & documentation skills
- Excellent observers
- A good foundation of either PBS/ABA or mental health, or both knowledge of behavioral principals, and mental health issues
- Understanding that behavior is functional
- Ability to respect the values of individual, regardless of the practitioner's own personal values.
- Ability to discern between behaviorally maintained symptomatology



Certification Competency Categories

- Behavior Supports
- Community Collaboration and Teamwork
- Assessment and Observation
- Crisis Prevention and Intervention
- Promoting Health and Wellness

Operationalizing skills and key indicators is in progress

Process

Prerequisite Criteria

- *Employment Status*
 - Completed 1000 hours of work with individual(s) with DD or MH (either paid or unpaid).
 - Must have worked for at least one full calendar year
 - Is an employee in good standing
 - in compliance with all agency and state/provincial requirements
 - completed required pre-service /pre-employment trainings
 - not under disciplinary review or employee probation



Certification Process Prerequisite Criteria

- Ethics
 - Signed NADSP Code of Ethics
 - www.nadsp.org/orglibrary/codetext.asp
- Screening self-report



NADSP Code of Ethics

www.nadsp.org/orglibrary/codetext.asp

Code of Ethics

- **Person-Centered Supports**
- **Promoting Physical and Emotional Well-Being**
- **Integrity and Responsibility**
- **Confidentiality**
- **Justice, Fairness, Equity**
- **Respect**
- **Relationships**
- **Self-Determination**
- **Advocacy**

Application

- Summary of experience in completed resume form
- Summary of continuing education coursework
- Letter of recommendation from a person supported or the person's representative
 - Form will be used to assure knowledge, values, and ethical behavior are addressed



Proposed DSP Application Process

- Verification of Experience, Training, and Standing from HR and/or Supervisor
- Examination
 - Applicants will be given a case study and asked to respond in way that demonstrates one or more pre-determined competency area
 - Questions will be designed to address work with individuals with a Dual Diagnosis that addresses
 - values and ethics
 - knowledge
 - skill in the competency areas

Examination

- Online
- Scenarios with questions focusing on competence in values, knowledge and ethics
- Scenarios address two required areas and one elective (tentative)

Example

- What, if anything, should have been done in advance of this incident?
- What should a competent DSP do in this situation?
- Did the DSP act appropriately?
- What are the next steps in follow-up?

DSP Preparation

- Familiarity with NADSP Code of Ethics
- Teamwork and Advocacy
- Strong background in basic support
- Knowledge in DD and MH
- Ability to problem solve and think independently



Stay
Tuned

- DSP Certification is in Development
- Your ideas are welcome



Standards for Quality- ID/MH

Summary



Standards for Quality- ID/MH

- Incredible first step on a long journey
- Collaborators who committed vast amounts of time
- An exciting work in progress
- A much needed directional beacon to illuminate future evolution of the field