The NADD Accreditation and Certification Programs:
Standards for Quality Services

THE NADD

ACCREDITATION

PROGRAM

Developed in association with
The National Association of State
Directors of Developmental Disabilities Services
(NASDDDS)

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EXECUTIVE SUMMARY

It is estimated that more than a million people in the US have a dual diagnosis of Intellectual or Development Disability and Mental Illness (IDD/MI). These individuals have complex needs and present clinical challenges to the professionals, programs, and systems.

NADD Accreditation Program

NADD, an association for persons with developmental disabilities and mental health needs, developed the NADD Accreditation Program to improve the quality and effectiveness of services provided to individuals with a dual diagnosis through the development of competency-based professional standards and through promoting ongoing professional and program development. NADD offers accreditation of programs serving individuals with a dual diagnosis, rather than the agency or organization that offers these programs. An organization with several different programs that serve individuals with a dual diagnosis may seek accreditation for each of these programs.

NADD is committed to being transparent about accreditation survey expectations, and for this reason the complete manual, including the survey assessment instrument, is available online for free.

Advantages of NADD Accreditation

Programs that want to be known as providing quality services for individuals with a dual diagnosis should seek accreditation by NADD.

Program Accreditation

Accreditation by NADD indicates that the program meets the standards established by NADD for providing services to individuals with a dual diagnosis. There is also the prestige of receiving a NADD Accreditation as it represents the NADD "Seal of Approval."

> ***"Our NADD survey produced a number of helpful recommend-dations for strengthening our program."***
>
> ***Hugh Sage, Executive Director***
> ***Liberty of Oklahoma***

The program may benefit in additional ways such as a greater perceived quality of service, additional referrals, and perhaps even increased fees from third party payers. A listing of all accredited programs will be maintained and this listing should facilitate referrals to programs that provide quality services for individuals with ID/MI. Regulatory agencies, parents, and other provider agencies will perceive the quality of services offered by the program to be meeting or exceeding industry standards as established by NADD.

One way that NADD Accreditation differs from almost all other accreditation programs is the inclusion of a consultation component. Through their expertise, NADD surveyors are not only able to identify areas that are in need of improvement, but they are also able to offer concrete suggestions about how to improve the program. The consultation component takes place on site during the course of the survey.

Accreditation Modules

The NADD Program Accreditation evaluates the policies and practices of the program in relation to eighteen competency areas. The competency areas are:

- Medication Reconciliation
- Holistic Bio-Psycho-Social Approach
- Database/Outcome measures
- Protocols for Assessments
- Treatment / Habilitation Plans
- Basic Health Care
- Interdisciplinary Team
- Training / staff and family
- Crisis Prevention and Intervention
- Cultural Competency/Family Values
- Trauma
- Quality Assurance/Incident Management
- Evidence-Based Treatment Practices
- Ethics, Rights, Responsibilities
- Interagency and Cross-Systems Collaborations
- Long Term Living – Service Coordination
- Advocacy and Rights
- Health Informatics (Technology)

The Accreditation Survey includes (1) interviews, (2) records review, and (3) policy and procedure review. The NADD surveyor(s) will have face to face interviews with treatment team members, other staff involved in treatment of the individual, and program administrators. The NADD surveyors will complete a records review and interview of the treatment team members on specific cases to ensure clear documentation that reflects the individualized goals of treatment plan as well as direct observation of the staff and persons receiving services. The NADD surveyor(s) will review and assess whether the program practices reflect the best practice as established by the NADD accreditation.

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Quality Improvement: NADD Technical Assistance Services

One reason that NADD developed the NADD Accreditation and Certification Programs – and one of the reasons that a program may choose to seek NADD Accreditation – is an interest in improving the quality of services provided to individuals who have IDD and mental health needs. NADD offers a broad range of training and consultation services concerning providing services to individuals with IDD and mental health needs. Programs seeking NADD Accreditation may choose to ask for NADD Technical Assistance Services to: (1) help prepare for an

accreditation survey, (2) help plan for improvement of services after an accreditation survey, (3) train staff, or (4) for ongoing or as-needed quality improvement consultation.

Costs

There is a $500.00 non-refundable application fee. A single application fee is charged, no matter how many programs an organization is seeking to have accredited. The cost of the accreditation survey depends upon the size and complexity of the program(s) being accredited. The cost is $2,000.00 per surveyor per day. There is a $1,000.00 annual fee to maintain accreditation, which is first due one year following the awarding of accreditation. A single annual fee is charged, no matter how many programs within the organization have received NADD accreditation. A full or complete NADD Program Accreditation is good for three years.

After the initial accreditation period, accredited programs are required to have at least ten (10%) percent of their clinical, specialist, and direct support staff certified through the NADD Competency-Based Clinical Certification Program, the NADD Competency-Based Dual Diagnosis Specialist Program, and the NADD Competency-Based Direct Support Professional Certification Program. This can represent an additional cost. In an effort to control the cost of accreditation, NADD offers discounts on certification of personnel who work at an accredited program. The normal cost of clinical certification is $375 for a two year certification, with renewal costing $100. For clinicians who work for an accredited program, the cost is $250, with renewal costing $65. The normal cost of Dual Diagnosis Specialist Certification is $275 for a two year certification, with renewal costing $75. For specialists who work for an accredited program, the cost is $200, with renewal costing $50. NADD Competency-Based Direct Support Professional Certification normally costs $60 for a two year certification, with renewal costing $30. The cost for DSPs who work for an accredited program is $30, with renewal costing $15.

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INTRODUCTION

Dual Diagnosis Prevalence and the Unique Needs of Individuals with a Dual Diagnosis

Individuals who have both mental illness and intellectual disability (ID) have a dual diagnosis. More than a million people in the United States have both mental illness and intellectual disability[1]. It has been estimated that individuals with ID are two to four times more likely than those in the general population to experience psychiatric disorders[2], with up to 40 percent having psychiatric symptoms – including mental, behavioral and personality disorders[3,4]. These individuals have complex needs and present clinical challenges to professionals, programs, and systems.

People with a dual diagnosis present challenges to the service delivery systems and often fall through the cracks between the mental health and the developmental disability service systems. These individuals also present programmatic and clinical challenges to the organizations and environments where they reside, work, and receive supports, treatment and other services. They are often the last group of individuals to leave institutional care and the first to return.

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[1] Steven. Reiss, *Human Needs and Intellectual Disabilities: Applications for Person Centered Planning, Dual Diagnosis, and Crisis Intervention* (New York: NADD Press, 2010), 50.

[2] C.M. Nezu, A.M. Nezu. & M.J. Gill-Weiss, *Psychopathology in Persons with Mental Retardation, Clinical Guidelines for Assessment and Treatment* (Champaign, IL: Research Press, 1992).

[3] Sally-Ann Cooper, Elita Smiley, Jillian Morrison, Andrew Williamson, & Linda Allan, "Mental Ill-Health in Adults with Intellectual Disabilities: Prevalence and Associated Factors," *British Journal of Psychiatry* 190 (January 2007), 27-35.

[4] B.J. Tonge & S.L. Einfeld, "The Trajectory of Psychiatric Disorders in Young People with Intellectual Disabilities," *Australian and New Zealand Journal of Psychiatry* 34 (2000), 80-84.

5.Gardner, W.I., & Whalen, J.P. (1996) Discussion: A multimodal behavior analytic model for evaluating the effects of medical problems on nonspecific behavioral symptoms in persons with developmental disabilities. Behavioral Interventions, 11, 147-161

NADD

Founded in 1983 by Dr. Robert J. Fletcher, NADD is a not-for-profit membership association established for professionals, care providers and families to promote understanding of and services for individuals who have developmental disabilities and mental health needs. The mission of NADD is to advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care. NADD is recognized as the leading organization providing conferences, educational services, training materials, and consultation services concerning individuals with intellectual disabilities and mental illness. Through the dissemination of cutting edge knowledge, NADD has been influential in the development of community based policies, programs, and opportunities in addressing the mental health needs of persons who have intellectual disability and has been an international leading force advocating on behalf of individuals who have mental illness and intellectual disability.

In furtherance of its mission to advance mental wellness for persons with intellectual disabilities, NADD has spent significant time and effort identifying the service needs of individuals with intellectual disability and mental illness, and has worked to identify and support appropriate service programs for these individuals. NADD has been involved in identifying and promoting best practices in the support of these individuals. NADD developed the NADD Accreditation and Certification Program as part of its continuing efforts to improve the lives of individuals with intellectual disability and mental illness. The NADD Accreditation and Certification Programs are composed of three interrelated quality improvement programs, focusing on: (1) a standard-setting accreditation program for programs, (2) a competency-based certification program for clinical staff, and (3) a competency-based certification program for direct support professionals (DSP).

The NADD Accreditation and Certification Programs are composed of three interrelated quality improvement programs, focusing on: (1) a standard-setting accreditation program for programs, (2) a competency-based certification program for clinical staff, and (3) a competency-based certification program for direct support professionals (DSP)

Accreditation

What is accreditation?

Accreditation is the result of a formal process through which NADD reviews the intent, structure, and functioning of a program, service, or group of services and certifies that the designated entity meets the NADD's standards for program design, operations, and quality. NADD accreditation demonstrates a program's commitment to delivering quality services to its customers. It represents a "seal of quality" awarded to recognize the quality of services provided by the program.

- Accreditation demonstrates that persons with a dual diagnosis who are served by the accredited program/service are receiving supports that are consistent with the standards established by NADD
- Adherence to NADD standards demonstrates that the provider is committed to the utilization of appropriate policies and procedures that ensure high quality program services and high standards of clinical practice

What are the benefits of accreditation?

Benefits for the accredited program:

Programs that want to be known as providing quality services for individuals with a dual diagnosis should seek accreditation by NADD. Accreditation by NADD indicates that the program meets the standards established by NADD for providing services to individuals with a dual diagnosis.

In addition to the prestige that the NADD Accreditation will give a program, the program may benefit in additional ways including a greater perceived quality of service, additional referrals, and the potential for increased reimbursement fees from third party payers. A listing of all accredited programs will be maintained, and this listing will facilitate referrals to programs that provide quality services for individuals with ID/MI. Regulatory agencies, parents, and other provider agencies will perceive the quality

Accreditation by NADD indicates that the program meets the standards established by NADD for providing services to individuals with a dual diagnosis.

of services offered by the program to be greater if the program has been accredited by NADD.

The NADD Accreditation is a "seal of approval" that reflects that an organization/program has demonstrated the provision of state of the art services.

The names and contact information of NADD accredited programs will be posted on the NADD Accreditation Program website. This may provide inquiries and referrals from purchasers of services who are seeking a NADD-accredited program.

Benefits for the consumer or purchaser of services

The NADD Accreditation is a "seal of approval" that reflects that an organization/program has demonstrated the provision of state of the art services. Consumers or purchasers of services can have increased confidence in the quality of the services being provided, that the services are appropriate, and that the program knows and is committed to best practices for serving individuals who have intellectual disability and mental illness. The NADD Accreditation offers the purchaser of services reassurance that money spent on services is being used for providing services that meet the quality standards established by NADD.

Benefits for the field

The goal of program accreditation by NADD is to improve the quality and effectiveness of services provided to individuals with a dual diagnosis through the development of program standards and through promoting ongoing development and improvement of service delivery. One of NADD's main objectives is to "raise the bar" in services provided to people who have a dual diagnosis. We believe that as a result of the NADD Accreditation Program, services will be provided by agencies and programs that have a high level of competence. We believe that programs and agencies will strive to achieve this level of expertise in order to receive the NADD Accreditation. As more programs earn the NADD Accreditation, the quality of services provided to individuals with a dual diagnosis should be significantly improved. The NADD Accreditation Program supports ongoing and continuous improvement of services to individuals with a dual diagnosis.

The NADD Collaborative Philosophy about Accreditation

The NADD Program Accreditation survey is intended to help the program improve its service delivery. The NADD surveyor is a partner with the program toward this goal. The accreditation survey is not designed to be punitive or confrontative, but supportive and is designed to provide constructive feedback to the program. NADD is committed to being transparent about survey expectations, and for this reason the complete manual, including the survey assessment instrument with specific standards is available online for free. The information in this manual and in the Survey Instrument (Appendix B) should guide the program in preparing for the accreditation survey. If a program is interested in receiving NADD accreditation but feels that it is not yet meeting the NADD standards, the program may request technical assistance from NADD to assist in preparing for accreditation.

The NADD surveyor is a partner with the program to help the program improve its service delivery.

The NADD Accreditation survey is unique compared to other health, rehabilitation and mental health surveys. The goal of the NADD Accreditation is to raise the bar and set a Gold Standard for the assessment and treatment of individuals with Dual Diagnosis. With this goal in mind, NADD works in collaboration with the Organization and Programs that are seeking accreditation to tailor the survey specific to the individual needs of the program and according to the programs service areas. More specifically, there are 18 Module areas that fall under the NADD Accreditation, however, not all programs will be required to meet all of the Module areas, i.e., residential and community programs will not be reviews for the Modules that pertain to an Acute Inpatient Hospital programs or programs that may be seeking accreditation for case management services. The specific model area will be determined by the initial application that identifies the Organization service areas and discussion between the NADD surveyors and the program prior to the actual survey.

COMPETENCY AREAS

The NADD Program Accreditation evaluates the philosophy and practice of the accredited program in relation to eighteen competency areas. The competency areas are:

- Medication Reconciliation
- Holistic Bio-Psycho-Social Approach
- Database/Outcome measures
- Protocols for assessments
- Treatment / Habilitation Plans
- Basic Health Care
- Interdisciplinary Team
- Training/ Staff and Family
- Crisis Prevention and Intervention
- Cultural Competency/Family Values
- Trauma
- Quality Assurance/Incident Management
- Evidence-Based Treatment Practices
- Ethics, Rights, Responsibilities
- Interagency and Cross-Systems Collaborations
- Long Term Living – Service Coordination
- Advocacy and Rights
- Health Informatics (Technology)

The Evaluation Instrument

NADD has identified standards within each of the eighteen competency areas. These standards have been worked into a survey instrument to help standardize the survey process, to assist surveyors in evaluating a program, and to inform the program how it will be evaluated.

Based on NADD's years of experience we understand that programs seeking Dual Diagnosis Accreditation will vary widely and that not all survey standards will apply equally to all programs. It is the responsibility of the surveyor to keep in mind the appropriateness of a given standards and the relative weighting of the eighteen competency areas for the specific program seeking accreditation. The form that the NADD Accreditation surveyors will use in evaluating programs is available in Appendix B.

Medication Reconciliation

Programs in which medication is prescribed and/or dispensed should have documentation that describes the use of medication and medication management of the person being served.

The Accreditation review includes consideration of: efficacy and reconciliation; assessment methods; the presence of a *DSM-5 and DM-ID* diagnosis whether the program has identified stressors that contribute to the presenting problem or main complaint; biopsychosocial interventions and treatments; whether the program prescribes medication according to standard guidelines; and general safety precautions for medication use.

Holistic – Bio-Psycho-Social Approach

Programs should use a holistic approach to habilitation and treatment that employs a systemic approach, looking at the biological (physical), psychological (mental) and social aspects or conditions of a person's life. A holistic approach is based on the belief that the whole person must be considered to understand the complexities of the life of the person being served and his/her need for supports. This approach values the complexity of each individual with dual diagnosis and how this relates to their relationship with others and the community.

The Accreditation surveyors review documentation and practices that addresses all aspects of the person's life with regards to the expression of basic rights to cultural, spiritual, gender, personal values, beliefs and preferences. These beliefs /preferences are demonstrated by incorporating them into an individualized service or treatment plan.

Database / Outcomes Measures (Data Collection and Management)

Policies and procedures concerning the collection and utilization of data can affect the quality and efficacy of service delivery. The program should have clear documentation that the health privacy of the person being served is protected. Information security, including data integrity should be maintained. The program should have a written policy addressing the privacy of health information (HIPPA) including access, use and disclosure of data and information.

The Accreditation review considers data collection and management policies at the organization level, at the program/service delivery level, at the person-receiving-treatment level, at the family level, and at the community level.

Assessments Protocols

Assessments for person's with dual diagnosis (ID/MI) should involve multi domain constructs that include; developmental, cognitive, emotional, communication, social, sensory and adaptive domains. Specific areas of assessment include: developmental; bio-medical; psychiatric; psychological/cognitive/social; adaptive behavior; environmental (trauma, toxins), and educational. The Accreditation review considers the specific areas of assessment, as well as the tools and tests used in the assessment process.

Treatment / Habilitation Goal Plans

A treatment, habilitation or service plan should have clearly stated, person-centered goals based on the initial evaluation, methods that are consider evidence-based and best practice, and specific time frames for monitoring and completing the treatment goals. The plan should be individualized and should be developed with the input of the person being served, family, or guardian and support staff. The plan should address both the Mental Health and Intellectual Disabilities concerns of the person receiving services. The treatment or service plan should also clearly identify involvement by the person being served and the clinical person responsible for providing the service or treatment as well as monitoring the plan.

Basic Healthcare

The health of an individual will have an impact on the individual's quality of life and ability to participate in treatment programs. Individuals with I/DD may experience the full range of medical and mental health conditions experienced by persons without disability and therefore should receive preventive, routine, and emergent health care in accord with generally accepted evidence-based healthcare recommendations. Programs should practice from a standard of always ruling out a medical etiology for behavioral changes in a person.

A holistic approach to healthcare provision and treatment should be evident. Because of the high prevalence of co-morbid health conditions in individuals with I/DD, a focus on pro-active health screening and preventative health measures must be maintained.

The Accreditation review includes consideration of health service monitoring and advocacy, evidence-based practices, medication monitoring, preventative healthcare, and promotion of healthy behaviors.

Interdisciplinary Team

Individuals with a dual diagnosis typically require services from a variety of different specialties. Therefore, an interdisciplinary team approach is essential. The Accreditation review will consider whether there is sufficient involvement from the Interdisciplinary Team to address the identified area(s) of concern for the medical, behavioral or psychiatric symptom or condition(s). The level of expertise of the team members will be considered, as well as whether this level appropriately meets the specific area(s) of concern. Services delivered between and across systems, and services both internal and external to the organization, will be reviewed.

Training – Staff and Family

The care of individuals with a dual diagnosis presents unique challenges and requires the acquisition of appropriate skills. Training can expand the family's and staff's knowledge of the person's disabilities and challenges as well as social/behavioral areas of concern. Training can attempt to increase the staff consistency in following and implementing the prescribed treatment plan. Participation of support staff in ongoing training is critical and should be an integral part of the treatment protocol. The Accreditation review will consider formal and informal training provided by the program, whether the training offers ways to generalize the treatment/intervention across settings and environments, and the program's process of evaluating the training sessions.

Training provided to the family can help achieve consistency between program and home. Training that helps the family to better understand the individual's disabilities and challenges may help the family be more supportive and may, thus, improve the quality of life of the individual.

Crisis Prevention and Intervention

The Accreditation review will consider how the program seeks to prevent and minimize dangerous and destructive behaviors as well as how effectively it responds when a crisis situation occurs.

Cultural Competency and Family Values

Respectful support of an individual requires a multi-layered understanding of and sensitivity to that individual. Cultural Competency is the process by which individuals, agencies, and systems integrate and transform awareness of assumptions, values, biases, and knowledge about themselves and others to respond respectfully and effectively across diverse cultures, language, socioeconomic status, race, ethnic background, religion, gender, sexual orientation, and ability. Cultural competence recognizes, affirms, fosters, and values the strengths of the person being served, families, and communities and protects and preserves the worth and dignity of each.

The Accreditation review will consider whether the program includes awareness of the cultural/customs, ethnic, gender, and religious values of the person being served and family as an integral part of the treatment and service delivery in the staff initial orientation and ongoing training. Cultural values can be assessed and incorporated into the treatment/support plan and lifestyle of the person and family being served. The use of bilingual or multilingual trained/certified interpreters may be required for assessment, treatment, and other interventions for persons being served and their families who have limited English proficiency.

Trauma

Trauma has many sources – physical or sexual, domestic violence, emotional and psychological, exposure to violent acts and natural disasters. Treatment approaches for Trauma for individuals with a dual diagnosis need to be holistic, individualized, include experts and may need to use cross system and interdisciplinary approaches.

The Accreditation review will consider the program's commitment to understand and provide evidence-based treatments, services and supports for individuals with intellectual and developmental disabilities who have experienced trauma.

Quality Assurance / Improvement Goals / Incident Management

The quality assurance plan is a comprehensive description of how the program intends to assure a quality product and the delivery of quality services. It generalizes the usual notion of a test plan to describe strategies for using reviews, static analysis and possibly other techniques in addition to testing. The Accreditation review will consider the program's quality assurance goals and whether they are clearly defined, measurable, and quantitative where possible. Resource allocation, tools and techniques used to assure quality, and remediation efforts will be considered.

Evidence-Based Treatment Practices

The program should demonstrate that their current service model provides evidence of biopsychosocial treatments, interventions and support services that are evidence-based and outcomes-driven. The assessment, treatment and support services should be clearly rooted in Positive Approaches Philosophy and Positive Behavior Supports. Interventions and supports services should be based on a Functional Behavioral Assessments and interventions should be clearly individualized and specific to people with Dual Diagnosis. The organization should also demonstrate a systematic and individualized data collection approach that monitors progress and response to interventions.

Ethics, Rights, Responsibilities

The Accreditation review will consider ethics policy and programs including issues of confidentiality, issues of consent, addressing ethical issues or conflicts, and staff awareness of ethical/legal issues.

Interagency and Cross Systems Collaborations

Programs providing services to people with dual diagnoses should attempt to coordinate the care between the IDD and MH systems where appropriate. The program should attempt to avoid fragmentation of responsibilities and services. The program should identify potential barriers for each person and family and recommend a coordinated behavioral health service plan.

In the discharge planning process, the program should identify support services to maintain and enhance the quality of life of the person being served. The program works to build collaborative structures of support to deliver comprehensive services to the person being served.

Long Term Living Service Coordination

Programs that provide long term living for individuals with dual diagnosis should include medical and non-medical care to people who have a chronic illness or disability. Long-term care program should address the needs of the elderly but can occur at any age to meet the health/mental health or personal needs of the person being served. The NADD review will assess issues in long term care for dual diagnosis (IDD/MI) including support services such as; recovery, behavioral health, in home and community supports, crisis intervention, employment and retirement activities, leisure and spiritual activities, activities of daily living and self-care skills and family involvement. Long-term care can be provided at home, in the community, in assisted living or in other environments.

Advocacy and Rights

Advocacy and patient rights refers to providing information and referral and complaint resolution services to persons and families being served who have a Dual Diagnosis (IDD/MI). The program should provide the individual and family specific information and an explanation of legal rights if there is a concern regarding the environment, treatment, communication and/or interference with human rights.

The program should have a specific policy addressing person/patient rights. An administrator may need to be identified as the Patient/Consumer Rights Advocate. Individuals being served should be treated with dignity and respect. They should be provided with information about their medication, rights, and commitment process. Individual's rights should be posted and handbooks concerning individuals' rights should be available.

Health Informatics (technology)

Health care informatics is a discipline at the intersection of information science, computer science, and health care. It combines resources, devices, and methods for accessing, storing, retrieval and sharing healthcare information of persons with dual diagnosis (IDD/MI). Health care informatics tools include clinical and practice guidelines, medical, diagnostic and medication terminologies, clinical and staff training, and communication across systems of care.

Appropriate use of health care informatics may include use of computer-based technologies to store an electronic patient record that includes information from the medical history, physical examinations, laboratory reports, diagnoses, and treatments. This may also include use of a computerized health maintenance reporting system for individuals being served. It is important that the program's informatics technology include an active surveillance component that incorporates data from across all departments and across the network of care. A computer-assisted decision support system can allow physicians, clinicians, and case managers to access evidence-based informatics regarding treatment (medications and side effects), co-occurring conditions, interventions and support services thus improving services and reducing the amount and costs of services.

Cost

There is a $500.00 non-refundable application fee. A single application fee is charged, no matter how many programs an organization is seeking to have accredited.

The cost of the accreditation survey depends upon the size and complexity of the program being accredited. The cost is $2,000.00 per surveyor per day.

There is a $1,000.00 annual fee to maintain accreditation. This fee is not charged during the initial year that accreditation is granted. It is due one year following the awarding of accreditation and again the next year. A single annual fee is charged, no matter how many programs within the organization have received NADD accreditation.

The NADD Program Accreditation is good for up to three years.

After the initial accreditation period, accredited programs are required to have at least ten (10%) percent of their clinical, specialist, and direct support staff certified through the NADD Competency-Based Clinical Certification Program, the NADD Competency-Based Dual Diagnosis Specialist Certification Program, and the NADD Competency-Based Direct Support Professional Certification Program. This can represent an additional cost. In an effort to control the cost of accreditation, NADD offers discounts on certification of personnel who work at an accredited program. The normal cost of clinical certification is $375 for a two year certification, with renewal costing $100. For clinicians who work for an accredited program, the cost is $250, with renewal costing $65. The normal cost of Dual Diagnosis Specialist Certification is $275 for a two year certification, with renewal costing $75. For specialists who work for an accredited program, the cost is $200, with renewal costing $50. NADD Competency-Based Direct Support Professional Certification normally costs $60 for a two year certification, with renewal costing $30. The cost for DSPs who work for an accredited program is $30, with renewal costing $15.

STEPS OF ACCREDITATION

- Program decides to seek accreditation.
- Program submits application with application fee. Note: The program must have a NADD organizational membership in order to apply for accreditation.
- NADD schedules accreditation survey.
- NADD conducts the survey. At an exit conference before the surveyor(s) leave(s) the site, the program is informed of strengths and weaknesses identified by the surveyor(s).
- Within 5 days after completion of survey NADD invoices for survey (surveyor/days).
- Program pays invoice within 30 days of receipt of bill.
- NADD renders accreditation decision. Decision and written report sent to program within 45 days of completion of survey.
- Program submits Quality Improvement Plan within 45 days of receipt of accreditation decision and written report.
- Annual fee due at beginning of second and third year (if granted full three year accreditation).

APPLICATION PROCEDURE

Eligibility
To be eligible for the NADD Accreditation, a program must:

- Be located in North America
- Provide assessment and/or treatment and/or support services for individuals with dual diagnosis (intellectual disability and mental illness – ID/MI)
- Have a NADD organizational membership
- *At least 10% of clinical staff (e.g. MD, PhD, therapist, RN) must be NADD Certified Clinicians
- *At least 10% of the staff who would be eligible for NADD Dual Diagnosis Specialist Certification*
- *At least 10% of direct care staff must be NADD Certified DSPs

[*For the initial application for accreditation, NADD is waiving the requirement that ten (10%) percent of the clinical staff of the program be NADD Certified Clinicians, Specialists, and Direct Support, however, depending on the Programs length of Accreditation (one, two or three years respectively) the Certification requirement is set at 10% of Clinical, Specialists and Direct Support Staff.

Certified Clinical Professionals include: Clinicians with one of the following state/provincial licenses: Psychologist (Ph.D., Psy.D., or Ed.D.), Physician/Psychiatrist (M.D. or D.O.) Behavior Analyst (either state licensed or governing body recognition) Social Worker (MSW, DSW), Professional Counselor, Physicians Assistant, Advanced Practice Nurses. The 10% Certification of Clinical staff will be required between the time that the program receives it's NADD Accreditation and the time the program re-applies for Accreditation

Specialists Certification includes but not limited to: staff working in units of county, state or provincial government, QIDP, nurses, program directors, program supervisors, case/care managers, program specialists, supports coordinators, peer specialists and trainers. Professionals may present a Master's level degree in a related field with one year experience, a

Bachelor's level degree in a related field with 2 years experience or 60 credit hours in the field of ID or Mental health and 3 years of related experience. This can include volunteerships, internships and externships. The 10% Certification of Specialists will be required between the time that the program receives it's NADD Accreditation and the time the program re-applies for Accreditation

Direct Support Professionals (DSP), are direct support staff : (1) worked as a DSP in the developmental disability or mental health field for at least one calendar year and must have completed 1000 hours of direct support work; (2) must be an employee in good standing; and (3) must sign Code of Ethics. The 10% Certification of DSP staff will be required between the time that the program receives it's NADD Accreditation and the time the program re-applies for Accreditation

Application

Organizations/programs seeking accreditation begin the process by submitting an application (see Appendix A) together with an application fee of $500.00 to the NADD office. The application provides basic information about the organization/program including contact information, number of individuals served, number of individuals with a dual diagnosis served, the age level of those individuals with a dual diagnosis who are served, the types of services offered, and number of clinical and direct care staff who provide services to individuals with a dual diagnosis.

Once received, the application is reviewed in the NADD office to confirm that this is an appropriate request for review and consideration for a NADD accreditation, and to estimate the amount of surveyor time that will be required to complete the review. Provided that the program meets requirements to seek accreditation, a survey will be scheduled.

Components of Accreditation Survey

There Accreditation Survey includes: (1) interviews, (2) records review, and (3) policy and procedure review. The NADD surveyor(s) will have face to face interviews with treatment team members, other staff involved in treatment of the individual, and program administrators. The NADD surveyors will complete a records review and interview of the treatment team members on specific cases to ensure clear documentation that reflects the individualized goals of treatment plan as well as direct observation of the staff and persons receiving services. The NADD surveyor(s) will review and assess whether the policies, procedures, and

practices reflect the best practice as established by the NADD certification.

Evaluation of Meeting Best Practice Standards

For each Competency Area that has been identified for review, and for the standards considered within each Competency Area, the accreditation surveyor will assign a value according the following rubric:

> ***"Our NADD survey produced a number of helpful recommendations for strengthening our program."***
> ***Hugh Sage, Executive Director***
> ***Liberty of Oklahoma***

0 = No evidence of meeting minimal best practice standards

1 = Some evidences (verbal, written, observation) in meeting minimal best practice standards
2 = Significant evidence/support (written, standards, protocols, observation) in meeting best practice standards

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

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

CONSULTATION/EXIT CONFERENCE

One way that NADD Accreditation differs from almost all other accreditation programs is the inclusion of a consultation component. Through their expertise, NADD surveyors are not only able to identify areas that are in need of improvement, but they are also able to offer concrete suggestions about how to improve the program. The consultation component takes place on site during the course of the survey.

Upon completion of the accreditation survey, the surveyor(s) will meet with management of the program for a consultation/exit conference in order to provide feedback regarding the strengths of the program, as well as to identify areas for improvement, and to offer suggestions and consultation.

Accreditation Decisions

After completion of the accreditation survey, NADD will make a determination about granting accreditation. The decision may be to grant accreditation for three years, two years, one year (provisional accreditation), or to deny accreditation. Programs which receive accreditation or provisional accreditation will receive a certificate.

Three Years – A 3 year is awarded to Programs that meet or exceed the NADD accreditation standards for support for people with Dual Diagnosis (IDD/MI) and additionally demonstrate that they meet or exceed standards in the critical module areas, if appropriate to the program being surveyed, including; (1) Medication Evaluation, (2) Holistic and Individualized approaches, (3) Protocols for Diagnosis, (4) Treatment Planning, (5) Crisis Management and (6) Evidenced Based Treatment Practices.

Two Year Accreditation- A 2 year Accreditation is awarded to Programs that meet the NADD accreditation standards for support for people with Dual Diagnosis (IDD/MI). To receive a 2 year accreditation, the Program must demonstrate substantial compliance with Best Practice standards.

One Year / Provisional – A 1 year certification is awarded to programs who score below NADD accreditation standards.

Non Accreditation – A Program will not receive NADD Accreditation if the mission, values, treatment and services of the Program directly interferes with the health, safety, welfare and rights of the individual being served

Quality Improvement Plan

In line with the NADD Accreditation Program's commitment to ongoing and continual improvement of services to individuals with a dual diagnosis, after receipt of the accreditation decision the program is expected to submit a Quality Improvement Plan identifying what steps it has or will take to improve any weaknesses identified in the survey. The Quality Improvement Plan should be submitted by the program within 45 days of receipt of accreditation decision and written report.

NADD ORGANIZATIONAL MEMBERSHIP

NADD is the leading North American expert in providing professionals, educators, policy makers, and families with education, training, and information on mental health issues relating to persons with intellectual or developmental disabilities. In order to stay abreast of issues involved in service delivery and remain knowledgeable about best practices in the field, a program would need the benefits of a NADD membership.

Benefits of membership include:

- *The NADD Bulletin* (published 6 times per year)
- *Journal of Mental Health Research in Intellectual Disabilities* (published quarterly)
- Discounts on products
- Discounts on trainings
- Discounts on conferences

All staff of an organization with an organizational membership can receive the discounts associated with membership. Employees of an organization with an organizational membership are considered NADD members for the NADD membership prerequisite requirement for the competency-based clinical certification and the competency-based DSP certification.

All staff of an organization with an organizational membership can receive the discounts associated with membership. Employees of an organization with an organizational membership are considered NADD members for the NADD membership prerequisite requirement for the competency-based clinical certification and the competency-based DSP certification.

THE NADD ACCREDITATION AND CERTIFICATION PROGRAMS: STANDARDS FOR QUALITY ASSURANCE

NADD Competency-Based Dual Diagnosis Certification for Clinicians

The NADD Competency-Based Dual Diagnosis Certification for Clinicians was developed to improve the quality and effectiveness of services provided to individuals with a dual diagnosis through the development of competency-based professional standards and through promoting ongoing professional development. Certification attests to the clinician's competency in providing services to individuals with a dual diagnosis. Any program that is seeking to improve the quality of services that it provides to individuals with a dual diagnosis and to demonstrate its commitment to excellence in the provision of these services should consider hiring clinicians who have received certification from NADD and encouraging clinical staff to seek NADD certification.

NADD Competency-Based Specialist Certification Program

Is designed for specialists in the field of dual diagnosis who delivers, manages, trains and/or supervises services for persons with intellectual/developmental disabilities and mental health needs. Staff working in units of county, state or provincial government, QIDPs, *RN's, LPN's*, program directors, program supervisors, case/care managers, program specialists, supports coordinators, peer specialists, trainers and others are examples of roles that can apply for the DDS.

NADD Competency-Based, Dual Diagnosis Certification for Direct Support Professionals (DSPs)

The NADD Competency-Based Certification for Direct Support Professionals (DSPs) is a program to certify the competency of DSPs who support people with a dual diagnosis. DSP competency-based certification validates and provides assurance to individuals served, colleagues, and employers that a direct support professional has met the standards established by NADD for providing services to individuals with ID/MI. Any program that is seeking to improve the quality of services that it provides to individuals with a dual diagnosis and to demonstrate its commitment to excellence in the provision of these services should consider hiring DSPs who have received certification from NADD and encouraging direct support staff to seek NADD certification.

After the program is awarded the NADD Accreditation, the accredited programs are required to have at least ten (10%) of their Clinical, Specialists and Direct Support Professional staff certified by NADD prior to re-accreditation.

QUALITY IMPROVEMENT:
NADD TECHNICAL ASSISTANCE SERVICES

Technical assistance services are available from NADD. Technical assistance available from NADD includes a broad range of training and consultation services concerning providing services to individuals with intellectual disability and mental health needs. Technical assistance available to programs seeking accreditation include: (1) assistance preparing for an accreditation survey, (2) assistance planning for improvement of services after an accreditation survey, (3) staff training, and (4) ongoing or as-needed quality improvement consultation. There is a separate fee for NADD consultation and technical assistance services.

Technical assistance available from NADD includes a broad range of training and consultation services concerning providing services to individuals with intellectual disability and mental health needs.

DISCLAIMER

Accreditation is voluntary. It is not intended to replace licensure, nor do any governmental or regulatory entities currently require accreditation. Any value or credence given to accreditation by any person being served, agency, or third party payer is entirely at their discretion and should be based upon knowledge of the accreditation standards and upon NADD's position in the field of dual diagnosis.

Appendix A

Application for Accreditation

Information about Organization

Name of Organization:_____

Principal mailing address:_____

_____

_____

Phone: _____ Fax _____

Email: _____Website: _____

Name of CEO of Organization_____

_____

1. Please provide a description of your organization: _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Does your Organization currently have Certification/Accreditation from another organization?
   ___ Yes ___ No

   If Yes, accreditation granted by: Check all that apply

   ___Joint Commission on Accreditation of Health Care Organizations (JACHO),

   ___Commission on Accreditation of Rehabilitation facilities (CARF)

   ___ National Committee for Quality Assurance (NCQA)

   ___ Council Quality Leadership (CQL)

   ___ Council for Accreditation (CAO)

   ___ Other _____

3. Budget of organization as stated in most recent IRS 990 filed._____
4. What is the total number of staff employed in the Program(s) that you are seeking Accreditation? _____
   a. Total number of Clinical staff (for definition see page 23) _____
   b. Total Number of Specialists (for definition see page 23&24) _____
   c. Total Number of Direct Support Professional Staff (DSP) (for definition see page 24)____

Information about Program(s) for which you Are Seeking Accreditation

e. Types of Programs for which you are seeking accreditation. (Note: NADD grants accreditation to programs that provide services to individuals with a dual diagnosis, not the agency or organization that offers these programs. An organization with several different programs that serve individuals with a dual diagnosis may seek accreditation for each of these programs. A single application fee covers as many programs as an organization seeks to have accredited.) (check all that apply)

___Outpatient Mental Health
___ Medical Service
___ Behavior Consultation Service
___ Rehabilitation
___ Crisis Intervention
___ Community Housing
___ Residential Services
___ Education / School

___ Employment Planning and Customized Supports
___ Community or Mobile Team
___ Home / Community Supports
___ Host family/shared living ___
___Living independently
___ Supports Coordination
___ Case Management/Service Coordination

____ Crisis Stabilization Unit/Program

___ Inpatient Hospital / Developmental Center

___ Other – Describe: _____

_____

For each program for which you are seeking accreditation, please provide the following information: (Use additional pages as necessary.)

Program name _____

Program address if different than principal organization address:
_____
_____
_____
Program Contact Person: _____
_____
Phone: _____ email: _____fax _____

f. How many people are served in the program for which you are seeking accreditation? _____

g. How many people with a Dual Diagnosis (IDD?MI) are served in the program for which you are seeking accreditation? _____

h. Check all of the age ranges of persons served with Dual Diagnosis (MI/ID) in your program. Please indicate the percentage of the Dual Diagnosis population in the program each age bracket represents.
____ Children/birth to 12 years _____%
____ Adolescent/young adult 12 – 21 years _____%
____ Adult 21– 55 years _____%
____ Older adults 55+ _____%

i. Under the authority of which regulatory or licensing agency(ies) does the program for which you are seeking accreditation operate?

___ Mental Health (MH) ___ Rehabilitation
___ Intellectual Disability (ID) ____ Education
___Medical
___ other: _____

Please specify the name of the regulatory or licensing agency(ies):
_____
_____
_____

j. Provide a program description for each program for which you are seeking accreditation.

Please include agency/program brochure(s) if available.

Application should be mailed to:

NADD Accreditation & Certification Programs
132 Fair Street
Kingston, NY 12401-4802

Payment of the application fee:

☐ Check enclosed (Please make checks payable to : NADD.)

☐ Please charge my credit card ☐ MasterCard ☐ VISA ☐ Discover

Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Exp. Date: __ __ / __ __ Signature: _____

Appendix B

NADD Program Accreditation Survey Instrument

Program: _____

Address: _____

_____

Setting: _____

Reviewer: _____ Date of Review: _____

Competency Module Areas Scores

	Module	Score
I	Medication Reconciliation	0 1 2 3 NA
II	Holistic – Bio-Psycho-Social Approach	0 1 2 3 NA
III	Database / Outcomes Measures	0 1 2 3 NA
IV	Protocols for Assessments	0 1 2 3 NA
V	Treatment / Habilitation Plans	0 1 2 3 NA
VI	Basic Health Care	0 1 2 3 NA
VII	Interdisciplinary Team	0 1 2 3 NA
VIII	Training- Staff /Family person receiving services	0 1 2 3 NA
IX	Crisis Prevention and Intervention	0 1 2 3 NA
X	Cultural Competency /Family Values	0 1 2 3 NA
XI	Trauma	0 1 2 3 NA
XII	Quality Assurance / Incident Management	0 1 2 3 NA
XIII	Evidence Based Treatment Practices	0 1 2 3 NA
XIV	Ethics, Rights, Responsibilities	0 1 2 3 NA
XV	Interagency and Cross Systems Collaborations	0 1 2 3 NA
XVI	Long Term Living / service coordination	0 1 2 3 NA
XVII	Advocacy / Person / Individual/ Family Rights of the person being served	0 1 2 3 NA
XVIII	Healthcare Informatics (technology)	0 1 2 3 NA

Overall Score _____

Preamble

This instrument is to be used by NADD surveyors who are evaluating programs to determine the extent to which the program has met the criteria established by NADD for Dual Diagnosis Accreditation. Based on NADD's years of experience we understand that programs seeking Dual Diagnosis Accreditation will vary widely and that not all survey Modules and standards will apply equally to all programs. For example, a community-based residential program will have different needs and responsibilities concerning medication certification standards than an acute in-patient or out-patient mental health facility. It is the responsibility of the surveyor to keep in mind the appropriateness of a given standard and the relative weighting of the eighteen competency areas for the specific program seeking accreditation.

Scoring Rubric

Directions: In each of the Module competency areas, items will be rated and scored by the NADD Surveyor according to each of the relevant areas. Each standard listed in the identified competency area, will be scored according to the number that best describes the Program in meeting best practice and competency for providing services for people with Intellectual and Developmental Disabilities and Mental Illness (IDD /MI).

0 = No evidence of meeting minimal best practice standards

1 = some evidence (verbal, written, observation) in meeting minimal best practice standards

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

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

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

Module I

Medication Reconciliation / Certification Standards

The Program has a written policy that describes the use of medication and medication management of the person being served.

Information should include: Age, sex, height and weight, diagnoses, allergies, sensitivities, prior and current medication, medical conditions, efficacy and response to prior medications, and past and current laboratory results.

Efficacy and Reconciliation

Assessment of each individual served should include information regarding

- Medical and Physical Health History (include Drug and Alcohol)
- Genetic Testing (if indicated)
- Psychiatric Diagnosis
- Immunization record
- Treatment History (current Treatment Plan)
- Side Effects Profile
- Assess Health, Safety and Benefit Risks
- Consent
- Indication (reason for the choice of the specific medication)
- Assure Accuracy/ Response to medications

Assessment Methods

Preferred and evidence based assessment practice
Interviews with person receiving services, family / caregivers / support staff
Direct observation of behavioral health symptoms and /or challenging behavior
Functional Behavior Assessment (FBA) / Experimental Functional Analysis (EFA)
Medical and Psychiatric Diagnostic assessment – DSM-5 / NADD (DM/ID)

Does the program utilize any standardized rating scales? 0 1 2 3 NA
List Examples : PIMRA =(Matson), DASH (Reiss), (ABC) Aberrant Behavior Checklist, (MOAS) Modified Overt Aggression Scale (Youdofsky), Yale Brown OCD Scale for PDD, (FAST)- Functional Analysis Screening Tool (Iwata), Hamilton, Beck (Anxiety / Depression), (CBCL)-Child Behavior Checklist (Achenbach), Vineland Adaptive Behavior Rating Scale II (Sparrow), (MAS)-Motivation Assessments Scale (Durand),
(QABF)- Questions About Behavioural Functioning Scale (Vollmer & Matson), (PBQ)- Problem Behaviour Questionnaire (Lewis)

Does the program utilize laboratory studies in the assessment? 0 1 2 3 N/A

Is there indication that cognitive assessments are completed psychological/neuropsychological? 0 1 2 3 N/A

DSM _5 Diagnoses

Does the medication treatment clearly follow and is it in line with the diagnosis, symptom or behavior? 0 1 2 3 NA

Is there indication that the Program attempts to identify stressors that may contribute to the presenting problems / chief complaints? 0 1 2 3 NA

Is there indication that the Program lists strategies for medication management? 0 1 2 3 NA

Is there indication that the Program has established treatment guidelines for use of medication? 0 1 2 3 NA

Is there indication that the Program has documented evidence that the medication is working?_____ 0 1 2 3 NA

Psychosocial and Environmental Interventions / Treatments:

Is there indication that the Program considers treatment alternatives, such as the use of psychosocial and environmental interventions, before prescribing a medication? 0 1 2 3 NA

If so, list current psychosocial treatment implemented to address the behavioral areas of Concern: i.e., (Individual or Group Psychotherapy, Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Positive Behavior Support, Applied Behavior Analysis, Positive Psychology, Family Therapy, Social Skills Training, Trauma Therapy, etc.)

_____

_____

Pharmacological Interventions/Treatments

Example

History/Medical/Physical	Quality Indicators / Details
Genetics	Patient / family education
Drug / Alcohol	12 step program or other supports
Seizures	Type
Hypoglycemia	patient education monitoring of blood glucose levels

Is there indication that the Program provides a history of medications and Alternative/ Complementary treatments? 0 1 2 3 NA

Is there indication that the Program obtained consent from the individual or surrogate decision maker when possible: 0 1 2 3 NA

Is there indication that the Program has established guidelines regarding use of medications: 0 1 2 3 NA

Is there indication that the Program has a medication policy:
0 1 2 3 NA

Is there indication that the Program prescribes medication according to Expert Consensus guideline? 0 1 2 3 NA

For individual on multiple and complex medication regimens, is there indication that the Program provides more frequent physician or physician assistant visits, nursing contact, or observations to allow for proper assessment of the medication regimen? 0 1 2 3 NA

See Medication listing and dosing below

How to use the completed boxes below

NADD Reviewer should assess for:

- The use of multiple medications often has an increased risks for medication-related adverse events and drug interactions. For example, with the listing of the drug class and dosing with the concurrent use of medications, is there an increased risk of an adverse event associated with the combination and/or dosing of the medications?
- The use of multiple medications creates a more complicated drug regimen for the individual, potentially making compliance to the treatment plan more difficult to adhere to
- Drug to Drug interactions - Multiple medications may confound the effects of one another. The use of multiple medications may make it difficult to distinguish between the medication(s) that may be helping, and ones that may be causing problems for the individual.
- In Individuals where medications are prescribed to treat the side effects of other medications, this can potentially create the need for more medications.

Medication Dosing

Drug Class	Medication	Initial daily dose (mgs)	Usual Daily dose range (mg) child	Usual Daily dose range (mg) adult
Antipsychotics				
Mood Stabilizers				
SSRI's				
Alpha-agonists				
Beta-blockers				
Stimulants				
Anticonvulsants				
Anti-Parkinsonian				
Other				

Is there indication that the Program uses Pro re nata (PRN) medications for treating individuals with periods of episodic behavioral dyscontrol? 1 2 3 NA

Is there indication that the Program prescribes /administers medications that are symptom specific? 0 1 2 3 NA

Is there indication that the Program has an established protocol for PRN medication use? 0 1 2 3 NA

Is there indication that the Program obtains baseline measures on target symptoms and outcomes data on response of medications?
Baseline on identified target symptoms 0 1 2 3 NA
Outcomes data on medication efficacy? 0 1 2 3 NA

General Safety Precautions for medication use

Is there indication that the Program monitors for adverse drug reactions? 0 1 2 3 NA
If yes, instruments or monitoring tool used: _____

If the individuals have been on long term medication treatment:
Is there indication that the Program has periodic/routine side effects profiles completed? 0 1 2 3 NA

Is there indication that the Program closely monitors medications to identify adverse drug effects and drug-drug interactions? 0 1 2 3 NA

For individual being served who are stabilized on current medications is there indication that the Program has discussed or made attempts for a periodic / gradual reduction of medications? 0 1 2 3 NA

Is there indication that the Program has a process in place to objectively assess response of medications? 0 1 2 3 NA
If available, list methods / tools? _____

Module I Reviewers Comments:

_____

Module I Score

0	1	2	3	N/A

Module II

Holistic Bio-Psycho-Social Approach

The Program uses a Bio-Psycho-Social Approach to habilitation and treatment that employs a systemic approach, looking at the biological (physical), psychological (mental) and social aspects or conditions of a person's life. This Holistic approach is based on the belief that the whole person must be considered to understand the complexities of the life of the person being served and his/her need for supports. This approach values the complexity of each individual with dual diagnosis and how this relates to their relationship with others and the community.

Is there indication that the Program show documentation that addresses and respects all aspects of the person's life with regards to the expression of basic rights to cultural, spiritual, gender, personal values, beliefs and preferences. These beliefs / preferences are demonstrated by incorporating them into an individualized service or treatment plan. 0 1 2 3 NA

Medical/ and Basic Health conditions (Examples) 0 1 2 3 N/A

- Allergies
- Nutrition
- Dental
- Exercise
- Sleep
- Substance use
- Pain - The Program completes an initial pain assessment
- Medications
- Lab work

Reviewer's Comment: <u>How is this being demonstrated:</u>

_____

_____

_____

<u>Developmental Issues</u> Cognitive Profile that include strengths and weaknesses 0 1 2 3 NA

Mental Health conditions

Other co-morbid/co-occurring conditions 0 1 2 3 N/A

Family History (Medical / Psychiatric / Genetics) 0 1 2 3 N/A

Psycho-social Stressors addressed?

Past 0 1 2 3 N/A

Current 0 1 2 3 N/A

Sensory domains 0 1 2 3 N/A

Sexuality / Gender Issues / Concerns 0 1 2 3 N/A

Trauma / Abuse – Trauma Assessments

Sexual 0 1 2 3 N/A

Physical 0 1 2 3 N/A

Emotional / Neglect 0 1 2 3 N/A

Cultural (dietary/religion/celebrations) 0 1 2 3 N/A

Environmental / Life space 0 1 2 3 NA

Cultural, Religion, Family, Lifestyle

Communication

Assessment/mode of communication 0 1 2 3 NA

Type of facilitation 0 1 2 3 NA

Augmentative Communication devices 0 1 2 3 NA

Academics/Education/Vocation Learning style 0 1 2 3 NA

Positive Behaviors Support/ Resilience/ Postive Psychology 0 1 2 3 NA

Person Centerd / Self Determination / Self Advocacy 0 1 2 3 NA

Module II Reviewers Comments:

_____

Module II Score

0	1	2	3	N/A

Module III
Database / Outcomes Measures (Data Collection and Management)

The Program shows clear documentation that the health privacy of the person being served is protected. Information security, including data integrity, is maintained 0 1 2 3 NA

The Program has a written policy addressing the privacy of health information (HIPPA) including access, use, and disclosure of data and information 0 1 2 3 NA

At the Administration level

Quality Assurance (QA)

Is there indication that the Program has policies and procedures that describe the makeup and tasks of a Program-level committee that is charged to monitor compliance with QA policies. 0 1 2 3 NA

At the program / service delivery level

Each program develops goals related to the mission of the program, obtains data, summarizes the data quarterly, develops new and reviews existing Performance Improvement goals quarterly, and shares data with staff and stakeholders. 0 1 2 3 NA

Goals should include:

The application of new or essential clinical tools (e.g., A functional behavioral assessment will be performed for each person receiving services requiring a behavior management plan; Medication history will be reviewed prior to initiating any new medication) 0 1 2 3 NA

Primary clinical outcome measures (e.g., the person being served will participate in at least 80% of scheduled community activities) 0 1 2 3 NA

Safety monitoring (e.g., 100% of incidents involving person receiving services or staff injuries will be reviewed in a timely manner, and corrective action taken when indicated) 0 1 2 3 NA

Monitoring of the use of restrictive scheduling or placement within the Program; restrictive behavior management techniques; long term use of medication that places the individual at risk for side effects 0 1 2 3 NA

At the person receiving services level – Individualized by the Treatment Team Quantifiable clinical / educational / vocational targets are:
Individual targets are selected based on the team evaluations and input from the person receiving services. 0 1 2 3 NA

Interviews- talk to team members about specific cases 0 1 2 3 NA

Is there indication that the Program provides documentation that the person being served or the person's surrogate or representative was in some way involved in the interview process, i.e., does the person or representative feel that he/she is involved in their treatment? Is he/she satisfied with the treatment? 0 1 2 3 NA

Is there indication that the Program engages in records reviews – does the plan and documentation of the support plan reflect what is written, verbally informed by the program or what is observed? 0 1 2 3 NA

Is there indication that a service plans that contain intrusive or restrictive procedures are approved by the Interdisciplinary Team and the person legally responsible for the client (e.g., legal guardian), and was reviewed by an independent human rights committee 0 1 2 3 NA

Is there indication that the Program has policies and procedures that are written reflecting the guidelines of best practice as established by the NADD Program Accreditation? 0 1 2 3 NA

At the Family level

Family Satisfaction

Is there indication that the Program provides measures of satisfaction e.g., Patient Satisfaction or Perception of Care with individual or family/caregiver with regard to (food, community activities, engagement); educational programming; vocational programming; behavioral programming, and other issues relevant to the Program? 0 1 2 3 NA

At the Community Level

Is there indication that the Program routinely takes measures of satisfaction of community stakeholders, including those who: 1) referred the individual for treatment; 2) worked with the individual during or following treatment.

0 1 2 3 NA

Module III Reviewers Comments:

Module III Score

0	1	2	3	N/A

Module IV

Protocols for Assessment

Is there indication that the Program has provided assessments for persons with Dual Diagnosis (IDD/MI) using multi domain constructs that include developmental, cognitive, emotional, communication, social, sensory, adaptive, and medical domains

Specific areas of assessment should be considered but not limited to:

Developmental (if available, please list assessment tools) 0 1 2 3 NA

Bio – Medical (metabolic, lead screening, genetics/syndromes, nutrition) 0 1 2 3 NA

Psychiatric-DSM-5, DM/ID, 0 1 2 3 NA

Psychological/Cognitive/Social 0 1 2 3 NA

Adaptive Behavior – Adaptive Behavior Assessment Scales, such as SIB-R, Vineland Adaptive Behavior Scale (VABS) 0 1 2 3 NA

Environmental (Trauma Toxins) 0 1 2 3 NA

Educational / Vocational 0 1 2 3 NA

Is there indication that the Program utilizes standardized assessments and/or rating scales (depression, anxiety, trauma, etc.) in the diagnostic evaluation? 0 1 2 3 N/A

Module IV Reviewers Comments:

Module IV Score

0	1	2	3	N/A

Module V

Treatment / Habilitation Plans

The Program shows clear documentation in writing that the habilitation treatment / service plan goals were developed with the input of the person being served / family or guardian and support staff. The goals in the plan are individualized, defines time frames for initial evaluation, has clearly stated goal based on the initial evaluation, clearly describes methods (both habilitation and treatment) that are considered evidence-based and best practice, and specific time frames for monitoring and completing the identified goals. The goal or service plan should also clearly identify involvement by the person being served and the appropriate members of the Interdisciplinary Team responsible for providing the treatment / service or monitoring the treatment the plan

Is there indication that the habilitation, treatment, service or care plan goals are appropriate to the individual's assessed needs? 0 1 2 3 N/A

Is there indication that the Program's goals were developed with active participation of the individual, family / caregiver advocate or legal guardian 0 1 2 3 N/A

Is there indication that the goal plan is individualized and specific to the person being served 0 1 2 3 N/A

Is there indication that the goal plan addresses both the mental health and developmental concerns of the person receiving services 0 1 2 3 N/A

Is there indication that the behavior intervention(s) or supports plan is based on a Functional Behavior Assessment (FBA) or understanding of the etiology of identified areas of concerns 0 1 2 3 N/A

Is there indication that the goal plan is based on the strengths, needs, desires of the person being served 0 1 2 3 N/A

Is there indication that any abridgement of client rights, necessary to prevent hazardous behaviors, contains a strategy for the monitoring and removal of the abridgement" 0 1 2 3 N/A

Is there indication that the Program includes an individualized health and safety plan for individuals who present as a danger to themselves or others?
0 1 2 3 N/A

Is there indication that the Program makes accommodations for the individual's needs to be outdoors when the person is in a acute care or locked facility or experiences long lengths of stay?

0 1 2 3 N/A

Is there indication that the Program's plan is sensitive to the person's age, culture, values and developmental ability 0 1 2 3 N/A

Is there indication that the Program provides education to children and youth as needed 0 1 2 3 N/A

Is there indication that the Program's plan links to internal and external systems 0 1 2 3 N/A

Is there indication that the habilitation/ treatment plan clearly lists areas of concerns, chief complaints, methods by which treatment / interventions will occur, therapist, clinician, support staff, persons delivering the supports services, and date when treatment plan goals have been achieved and / or changed and reasons for the change? 0 1 2 3 N/A

Example: Habilitative /Treatment/Support Plan Matrix

Target Symptom Behavior	Goals	Method Habilitation Treatment	How often Person providing the service	Evaluation Date of Review	Goal Completed
PTSD Flashbacks	Improve coping skills Reduce Flashbacks	Trauma Therapy	2 X weekly Dr. Johnson Outpatient Clinic		__yes __no Date: ___
Self-Injury Biting wrist	Keeping self-safe and healthy Reduce self-harm	Positive Behavior Support Plan	Direct Support staff 24X7 Agency		
Poor Impulse Control Yelling Screaming	Improve coping skills	Medications Anger Management	Dr. Smith Out Pt Clinic Support staff Agency		
Verbal/physical Intrusiveness	Improve Social Skills and positive Social interactions	Group Therapy Problem Solving Conflict Resolution	Weekly Therapist Outpatient Clinic		
Partial Complex Seizure D/O	Seizure Control	Depakote	Neurologist Monthly Neurology Clinic		
Depression	Reduce Depressive Symptoms	Celexa	Psychiatrist Monthly Clinic		
Family Home Visits	Begin 2 hour visit on weekends	Prepare preferred activities Have safety plan in place	Immediate and extended family Residential staff		

Module V Reviewers Comments:

_____

Module V Score

0	1	2	3	N/A

Module VI
Basic Health Care

Is there indication that the Program provides or attempts to provide general healthcare 0 1 2 3 NA
Routine Physical Examination 0 1 2 3 NA
Dental Examinations 0 1 2 3 NA
Vision Examinations 0 1 2 3 NA
Routine Lab work 0 1 2 3 NA
Preventative healthcare 0 1 2 3 NA

Health Service Monitoring and Advocacy

Is there indication that the Program has a written policy that describes best practice standards for monitoring the health of the person being served? This policy should reflect what services are directly provided by the Program versus what standards of health care will be advocated for when the direct provider is external to the Program. 0 1 2 3 NA

Is there indication that the Program uses a practice standard of always ruling out a medical etiology for behavioral changes in a person who is dually diagnosed? A Bio-Psycho-Social approach to healthcare provision and treatment should be evident in initial assessment and ongoing treatment. 0 1 2 3 NA

With the high prevalence of co-morbid health conditions in individuals with ID/DD, is there indication that the Program uses a pro-active health screening and preventative health measures? 0 1 2 3 NA

Evidence-Based Practices 0 1 2 3 NA

Is there indication that the Program identifies the etiology of the individual's I/DD and complex needs in order to differentially diagnose associated health issues and specific health challenges that might require monitoring and / or intervention.

Is there indication that individuals with dual diagnoses who have complex medical and psychiatric concerns are supported by a specialized, interdisciplinary team that works from a Bio-Psycho-Social perspective? 0 1 2 3 NA

Is there indication that the Program offers preventive, routine, and emergent health care in accord with generally accepted evidence-based healthcare recommendations? 0 1 2 3 NA

Is there indication that the Program assesses for the presence of undiagnosed medical concerns, common diagnoses associated with a change in behavior such as; urinary tract infection (UTI), constipation, GERD, H pylori infection, dental disease, seizures, and disorders of hearing and vision. 0 1 2 3 NA

Areas for Review (through a combination of chart review, policy review, and direct interviews with person being served, family and treatment team and ancillary staff):
Is there indication that the Program provides a comprehensive personal medical history including Immunization Records 0 1 2 3 NA

Is there indication that the Program completes a comprehensive medication history including (when known), indication for medication, initiating and discontinuing dates, dosage, efficacy, reason for discontinuation? 0 1 2 3 NA
Comments:
_____
_____

Is there indication that the Program attempts to identify syndromes and associated health conditions? 0 1 2 3 NA

Is there indication that the Program obtains a family medical history?
0 1 2 3 NA

Is there indication that the Program provides documentation that primary care and specialty care providers are refer to as appropriate? 0 1 2 3 NA

Is there indication that the Program assesses/monitors/maintains conditions common at specific ranges of age? 0 1 2 3 NA

Is there indication that the Program assesses/monitors/maintains conditions common to individuals with ID/DD? 0 1 2 3 NA

Is there indication that the Program assesses/monitors/maintains conditions common to individuals with specific genetic syndromes 0 1 2 3 NA

Is there indication that the Program provides a review of current medical diagnoses and associated treatments to determine current relevancy?
0 1 2 3 NA

Is there indication that the Program provides laboratory screening as indicated by age, medication use, specific health conditions, presenting symptoms?
0 1 2 3 NA

Is there indication that for persons with multiple co-morbid conditions and/or complex medication regimens the Program routinely completes a comprehensive metabolic screening at 3-6 month intervals? 0 1 2 3 NA

Is there indication that the Program obtains a comprehensive metabolic panel (tests of liver function and glucose, lipid panel (cholesterol screen indicated with use of psychotropic medication as well as per preventative health screening guidelines)? 0 1 2 3 N/A

Is there indication that the Program provides for the promotion of healthy behaviors such as: smoking cessation, caffeine intake, healthy nutritional intake encouraged, and physical exercise program encouraged? 0 1 2 3 N/A

Is there indication that the Program provides assessments of adaptive functioning to identify issues that may present concerns relative to the person's physical and mental health? 0 1 2 3 NA

Is there indication that the Program provides regular screening for abuse and neglect with appropriate supports offered as needed 0 1 2 3 N/A
Healthy lifestyle education provided 0 1 2 3 N/A
Sexuality education offered 0 1 2 3 N/A
Psychological counseling provided as needed 0 1 2 3 NA

Module VI Reviewers Comments:

Module VI Score

0	1	2	3	N/A

Module VII

Interdisciplinary Team

Definition: An Interdisciplinary Team is responsible for the collaboration and communication between the person being served, their legal representative(s) and identified health care professionals. The interdisciplinary health care team includes a diverse group of members (e.g., physicians, psychologists, social workers, and occupational and physical therapists, Direct Support Professional), depending on individual needs of the person being served. The Interdisciplinary team develops a comprehensive service/treatment plan to address the biological, psychological, and social needs of the person being supported. The Interdisciplinary Team **must** consist of all individuals who serve the person diagnostically and/or in treatment or other service(s).

Standards

Is there an indication that the Program supports an interdisciplinary team approach to the person receiving services. 0 1 2 3 NA

Is there indication that the Program provides involvement and the level of expertise of the team members that is appropriate to the individuals' needs in addressing the identified area(s) of concern, e.g., developmental, trauma, medical, psychiatric, neurologic, syndromes, employment, etc.? 0 1 2 3 NA

Is there an indication that the Family/Guardian/Advocate/ Representative participated in the Interdisciplinary team meeting for the person being served? 0 1 2 3 N/A

Are the Individual's goals clearly established and are they Functional, Measurable, and do they have specific time-frames for monitoring, changing and meeting goals and are they directly related to the identified areas of concern? 0 1 2 3 N/A

Is there indication that the Individual's goals address generalization, and natural supports? 0 1 2 3 N/A

Is there indication that the Program shows that team members are represented across service systems and disciplines both internal and external to the Program? 0 1 2 3 N/A

(see habilitative/treatment plan)

List the name of the agency staff that monitors and updates the habilitative / treatment Plan Goals: _____

Module VII Score

0	1	2	3	N/A

Module VII Reviewers Comments:

_____

_____

_____

Module VIII
Training - Staff / Family

Is there indication and documentation that the Program provides training for staff, family/ caregivers and the person being served? 0 1 2 3 N/A

Is there indication that the Program understands and respects family, staff and concerns of the person being served? 0 1 2 3 N/A

Is there indication that the Program attempts to expand the family and staff knowledge base about the person's diagnoses, areas of deficits, and social / behavioral areas of concern? 0 1 2 3 N/A

Is there indication that the Program training attempts to increase the staff and family consistency in following and implementing the prescribed treatment plan? 0 1 2 3 N/A

Is there indication that the Program requires training hours for the people that that are being serve? 0 1 2 3 NA

Is there indication that the Program provides training hours that are specific to Developmental concerns? 0 1 2 3 NA
List the number training hours _____

Is there indication that the Program provides training hours that are specific to Psychiatric concerns? 0 1 2 3 NA
List the number training hours _____

Is there indication that the Program provides training hours that are specific to individuals with Dual Diagnoses? 0 1 2 3 NA
List the number training hours _____

Is there indication that the Program encourages families / caregivers, and support staff to participate in training sessions? 0 1 2 3 N/A

If yes, how are they notified? __ letter __phone call __posting
Other: _____

Family / caregivier and staff training occurs in what format?
__formal ___ informal
___workshops ___ direct observation, _____ modeling / demonstration,
___individual ___ group ___ telemedicine (Video) __didactic

Is there indication that the Program training offers ways to generalized the treatment / interventions across settings and environments (within the Program, to the community) 0 1 2 3 N/A

Is there indication that the Program provides an evaluation of the training sessions? 0 1 2 3 N/A

Is there indication that the Program utilizes evaluations / feedback from the staff and family training? 0 1 2 3 N/A

Is there indication that the Program incorporates the evaluation results and feedback into the Program's QA goals? 0 1 2 3 N/A

Module VIII Reviewers Comments:

_____

_____

Module VIII Score

0	1	2	3	N/A

Module IX
Crisis Prevention and Intervention

In many crisis situations involving people with a Dual Diagnosis the individual in crisis typically presents with increased internal levels of arousal, is highly agitated and distractible, has difficulty with regulation emotions and expressing/ communicating their needs, demonstrates poor insight, judgment, coping and problem solving skills and may have difficulty with de-escalation.

The NADD surveyor will review the programs' policy (both internal and external) in supporting individuals that are in crisis and assess how the crisis plan and interventions address the needs of individual in keeping them safe and out of more restrictive settings.

Is there an indication that the Program modifies / adapts supports for individuals with IDD/MI that are in crisis that might include environmental adaptations (assessment in lower stimulating areas of the program vs. high activity and volume areas, communication adaptations) also use of sign, modeling / demonstration or augmentative or pictorial communication systems.
0 1 2 3 N/A

Is there any indication that the Program mads efforts to make accommodations (staffing, visual, auditory, and tactile) to assist the person / family / caregiver during periods of crisis? 0 1 2 3 N/A

Is there and indication that the Program prioritizes the individual's medical and mental health needs based on the severity of the presenting concerns, the person's medical condition, and whether the person needs immediate medical attention (wounds, infections, concussions, inserting or ingesting objects that may be life threatening). 0 1 2 3 N/A

Is there indication that the Program receives input from the family/ caregivers or supports staff regarding the presenting behavioral or medical concerns during a crisis? 0 1 2 3 N/A

Is there indication that the Program provides a psychiatric evaluation that include: demographics, history of referral concern, chief complaints, strengths and weaknesses, characteristics / events surrounding the current episode, and a mental status examination? 0 1 2 3 N/A

Is there indication that the Program utilizes severity levels to indicate the degree and impact of any identified psychiatric symptoms or challenging behavior and supports necessary to ensure health, welfare and safety of the person being served? 0 1 2 3 N/A

Is there indication that the Program's Crisis Evaluation routinely completes a drug screen? 0 1 2 3 N/A

Is there indication that the Program offers mental health emergency evaluation that is completed by a licensed practitioner? 0 1 2 3 N/A

Is there indication that the Program's Crisis Team provides a face-to-face clinical interview with the person in crisis? 0 1 2 3 N/A

Is there indication that the Program's Crisis Team obtains collateral contact (getting information from other involved parties such as family / caregiver, residential staff, police, ambulance) regarding a crisis incident? 0 1 2 3 N/A

Is there indication that consultation with other professionals both internal and external to the program who may be involved with the person is obtained? 0 1 2 3 N/A

Is there indication that the Program provides counseling and feedback to the person and family / caregiver regarding the results of the evaluation and recommendations for next level of care? 0 1 2 3 N/A

Is there indication that the Program completes a disposition plan and recommendations for discharge planning (i.e., admit for inpatient, refer to outpatient or discharge to lesser restrictive settings or home)? O 1 2 3 N/A

Is there indication that the Program completes a comprehensive exam, diagnostic tests and recommends treatment options for the person in crisis? 0 1 2 3 N/A

Is there indication for individuals that experienced trauma or have a trauma history that the program Crisis Clinician completes a trauma assessment?
0 1 2 3 N/A

Is there indication that if seclusion, restraint or PRN medications are utilized that the Program provides clear documentation that it follows a least restrictive treatment option? 0 1 2 3 N/A

Is there indication that the Program completes a risk assessment and inquires about mental health advanced directives? 0 1 2 3 N/A

Is there indication that the Program provides a risk assessment for the use of restrictive interventions (seclusion and/or restraint) and recommends alternative interventions? 0 1 2 3 N/A

Is there indication that the Program has a policy on the use of corporal punishment in any form; i.e., coercion, threats, physical restraint, or takes away personal property i.e., money, clothing jewelry as a way to stop the crisis and/or gain control over the person being served.
0 1 2 3 N/A

Is there indication that the Program has a policy on the use of sedative medications as a Chemical Restraint to eliminate the crisis? 0 1 2 3 N/A

Is there indication that the Program involves the person being served and the family / caregiver and agency in the decision process regarding disposition planning (admit, transfer or discharge) 0 1 2 3 N/A

Module IX Reviewers Comments:

_____

_____

_____

Module IX Score

0	1	2	3	N/A

Module X
Cultural Competency and Family Values

Cultural Competency is the process by which individuals, agencies, and systems integrate and transform awareness of assumptions, values, biases, and knowledge about themselves and others to respond respectfully and effectively across diverse cultures, language, socioeconomic status, race, ethnic background, religion, gender, and sexual orientation. Cultural competence recognizes, affirms, fosters, and values the strengths of the person being served, families, and communities and protects and preserves the worth and dignity of each. " www.scaoda.state.wi.us and National Center for Cultural Competency: Georgetown University Center for Child and Human Development.

Is there clear documentation (handbook/policy) that the Program includes in the staff initial orientation and ongoing training regarding awareness of the cultural/customs, ethnic, gender, and religious values of the person being served and family as an integral part of the treatment and service delivery?
0 1 2 3 N/A

Is there indication that cultural values are assessed and incorporated into the habilitative / treatment / support plan and takes into account the lifestyle of the person and family being served? 0 1 2 3 N/A

Is there indication that the Program shows documentation that accommodations have been made to the environment, dietary / meals, television viewing, goal plans, staff training, interventions and supports for the person and family being served? 0 1 2 3 N/A

Is there indication that the Program routinely screens books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with persons being served, staff and families? 0 1 2 3 N/A

Is there indication that the Program displays pictures, posters and other materials that reflect the faith, cultures and ethnic backgrounds of people being served in the program? 0 1 2 3 N/A

Is there indication that the Program uses bilingual or multilingual staff or trained/certified interpreters for assessment, treatment and other interventions for persons being served and families who have limited English Proficiency or communication ability? 0 1 2 3 N/A

Is there indication that the Program uses bilingual staff or multilingual trained/certified interpreters during assessments, treatment sessions, meetings, and for family feedback? 0 1 2 3 N/A

Module X Reviewers Comments:

_____

_____

_____

Module X Score

0	1	2	3	N/A

Module XI

Trauma

The NADD Accreditation under this Module means that the Program has demonstrated a sustained commitment to understand and provide evidence-based treatments, services and supports for individuals with intellectual and developmental disabilities who have experienced trauma.

Is there indication that the Program's treatment environment employs policies, procedures, and practices that are grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence? 0 1 2 3 N/A

Trauma Definition (NASMHPD, 2006)

The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters. DSM -5 – Trauma and/Stress Related Disorders. Person's response involves intense fear, horror and helplessness – Extreme stress that overwhelms the person's capacity to cope

Is there indication that the Program has policies regarding individuals who experience Trauma or have a Trauma history? 0 1 2 3 N/A

Trauma Assessment and Treatment

Is there indication that the Program provides a variety of expertise and appropriate treatment services and supports for individuals who have experienced a trauma event or have a Trauma history? 0 1 2 3 N/A

Is there indication that the Program incorporates a Trauma Informed Model of Care and Positive Approaches Philosophy in the development of the treatment or service support plan 0 1 2 3 N/A

Is there indication that the Program follows guidelines on trauma informed care and is there evidence regarding utilization of a shared language for talking about injury and healing, that is accessible to staff, the individual, and families? 0 1 2 3 N/A

Is there indication that the Program uses a documented systematic approach related to individuals that have a Trauma history that provides consistency across all areas of the Program? 0 1 2 3 N/A

Is there indication that the Program shows that it completes a risk factor assessment related to trauma and develops a treatment plan that includes alternatives to restrictive procedures such as: punishment, including coercion and the use of seclusion and restraints? 0 1 2 3 N/A

Is there indication that the Program shows documented evidence of trauma assessment, trauma informed care treatment planning for individuals with trauma histories? 0 1 2 3 N/A

Is there indication that the Program provides trauma focused therapy approaches for individuals with a positive trauma history? 0 1 2 3 N/A

Is there indication that the Program clearly identifies trauma specific quality assurance goals. 0 1 2 3 N/A

Is there indication that the Program utilizes a treatment plan that monitors symptoms/ behaviors related to trauma? 0 1 2 3 N/A

Is there indication that the Program has a training program for families/cargivers related to trauma including an understanding of the characteristics and principles of trauma informed care? 0 1 2 3 N/A

Is there indication that the Programs policies and training goals reflect the principles of recovery-oriented systems of care such as person-centered care, positive approached, choice and options, respect, dignity, partnerships, therapeutic relationships, and full inclusion? 0 1 2 3 N/A

Module XI Reviewers Comments:

_____

_____

Module XI Score

0	1	2	3	N/A

Module XII

Quality Assurance / Improvement Goals / Incident Management

Your quality assurance plan is a comprehensive description of how you intend to assure the quality of your program and services. The plan is expected to describe the programs strategies for using reviews, statistical analysis, and staff feedback and other ways that the Organization is meeting the Organization QA goals.

The Programs QA goals are well stated, clearly defined, measurable, and quantitative where possible? 0 1 2 3 N/A

The Program's QA goals are ranked in accordance with most impact / risk? 0 1 2 3 N/A

The Program has an identified a project manager/administrator designated to oversee the quality assurance program and goals? 0 1 2 3 N/A

The Program clearly demonstrates that there is joint responsibility (QA administrators and employees) within the network group to work together and ensure success? 0 1 2 3 N/A

The QA goals are aligned with the Program's mission / objectives 0 1 2 3 N/A

The Program clearly defines a course of actions if the QA goal is not successful or is ineffective. 0 1 2 3 N/A

The Program utilizes standardize industry tools and techniques to insure the quality in each of the defined areas 0 1 2 3 N/A

Describe the types and amount of resources that are allocated to monitor / track the Program in meeting the stated QA goals?

_____

_____

The Program describes the process to ensure that deficits found in meeting the QA goals are reviewed, analyzed properly, prioritized, and addressed 0 1 2 3 N/A

Module XII Reviewers Comments:

_____

_____

_____

Module XII Score

0	1	2	3	N/A

Module XIII

Evidence-Based Treatment Practices

The Program should have a description (handbook) of a current service model that describes psycho-social treatments, interventions and support services that are evidence-based and outcomes-driven. The assessment, treatment and support services should be clearly rooted in Positive Approaches Philosophy and Positive Behavior Supports. Behavioral Interventions should be based on a Functional Behavioral Assessment (FBA) and interventions should be clearly individualized and specific to person's with Intellectual and Developmental Disabilities and co-occurring behavioral health diagnoses. The Program should also demonstrate a systematic and individualized data collection approach that monitors progress and measures response to treatments /interventions.

Behavior Supports and Interventions

Is there indication that the Program treatments, interventions, and/or support services are based on a Functional Behavior Assessment (FBA) 0 1 2 3 N/A

Functional Behavior Assessments should include both Indirect and Direct measures:

Indirect

An interview of the person and family and supported and appropriate stakeholders. 0 1 2 3 N/A

Use of standardized FBA rating scales 0 1 2 3 N/A

Direct Observation

Data collection on the frequency, intensity, and/or duration of the behavior(s) of concern. 0 1 2 3 N/A

*The FBA identifies vulnerabilities or predispositions that the person supported may have for the behaviors of concern: 0 1 2 3 N/A

*The FBA identifies contributing conditions (motivating operations) that increase the likelihood of the behavior(s) of concern 0 1 2 3 N/A

*Denotes Critical Areas

The FBA identifies triggering conditions (antecedent conditions) that bring about the behavior(s) of concern: 0 1 2 3 N/A

Are recommended interventions based on the identified function(s) of behavior(s) of concern: 0 1 2 3 N/A

Do intervention plans produced by the program comprehensively address issues identified in the assessment? 0 1 2 3 N/A

Do intervention plans contain strategies that will maximize personal growth and independence? 0 1 2 3 N/A

Do intervention plans contain strategies for reducing dependence on restrictive interventions? 0 1 2 3 N/A

Do intervention plans include ways to increase functional alternatives to the identified target symptoms or challenging behaviors? 0 1 2 3 N/A

Are intervention outcomes clearly defined and measurable? 0 1 2 3 N/A

Is there indication that the Program interventions and supports of the person being served follow a least restrictive treatment model? 0 1 2 3 N/A

<u>Restrictive Interventions / Supports</u>

Definition:

Restrictions are considered when the intervention, treatment and/or supports, restricts, limits, deny access to or are an abridgement of client rights; the persons' freedom of autonomy and choice, including legal, civil and religious liberties, communication, therapeutic relationships and interaction with others, preventing the expression of feelings or emotions, access to personal items or property or a means of limiting the person's capacity to exercise independence

With the input of the person being served, the Interdisciplinary Team must review and approved the restrictive procedure 0 1 2 3 N/A

Are there any components of the interventions observed or reviewed that are considered restrictive? ___Yes __No/
If yes, describe:

_____

_____

If yes, is there indication that there is documentation describing the rationale for implementing restrictive interventions and that restrictions are implemented in a legitimate, safe and minimal way? 0 1 2 3 N/A

Does the Program have a restrictive procedures policy that promotes the least restrictive, most effective procedure? 0 1 2 3 N/A

Is there indication that the Program periodically convenes a Human Right's or Restrictive Procedures committee for the use of restrictive interventions?
0 1 2 3 N/A

If yes, list participants and areas of expertise:

_____

Module XIII Reviewers Comments:

_____

_____

_____

Module XIII Score

0	1	2	3	N/A

Module XIV
Ethics, Rights, Responsibilities

How does the Program attempt to measure the integration of desired values, ethical principles, and clinical and support practices in the Program?
Does the Program demonstrate how effective it has been in terms of meeting its standards regarding social responsibility to the person being served, families, stakeholders, and the community at large?

1) E**thics Policy and Programs**

Is there evidence that the Program has guidelines or policy regarding ethical behavior? 0 1 2 3 N/A

Issues of Confidentiality

Is there indication that the Program provides guidelines for sharing vital / personal information between staff and supervisors? 0 1 2 3 N/A

Is there indication that the Program provides guidelines for sharing of information with families/guardians? 0 1 2 3 N/A

Is there indication that the Program describes the limits on confidentiality? 0 1 2 3 N/A

Issues of Consent

Is there indication that the Program has a policy or practice for obtaining consent for *treatments / interventions?* 0 1 2 3 N/A

Is there indication that the Program addresses issues related to the complexity of consent forms? 0 1 2 3 N/A

Is there indication that the Program specifies how persons being served, staff, and families / guardians may direct concerns of an ethical nature? 0 1 2 3 N/A

Is there indication that the Program has a policy regarding whistle blowing? 0 1 2 3 N/A

Addressing Ethical Issues / Conflicts

Is there indication that the Program provides clear documentation of reporting of ethical issues that require attention, the process followed in the resolution of these issues, and the outcomes? 0 1 2 3 N/A

Is there evidence that the Program provides follow-up that responds effectively to ethical concerns, issues raised by a complaining person, agency or party? 0 1 2 3 N/A

Is there indication that the Program has a system for tracking suspected and confirmed unethical behavior, the interventions (e.g. coaching of identified staff, disciplinary actions) and outcomes? 0 1 2 3 N/A

Ethics Resources

Is there indication that the Program has an ethics committee, human rights committee, or similar committee? 0 1 2 3 N/A

If yes, does this committee meet? regularly ____ ad hoc _____

Is there indication that the Program provides information to individuals with IDD / MH, staff and families / guardians on how to access the Program's ethics resources for queries, consultations, or reporting of difficulties? 0 1 2 3 N/A

Staff Awareness of Ethical / Legal Issues

Is there indication that new staff receive an orientation to the Program's ethics policy? 0 1 2 3 N/A

Is there indication that the Program provides ethics education? 0 1 2 3 N/A

Examples of topics:

How to identify ethical dilemmas?
How to assess and enhance quality of consent?

Module Score

0	1	2	3	N/A

Module XIV Reviewers Comments:

_____

0 1 2 3 N/A

Module XV

Interagency Collaboration

Few mechanisms exist to support successful collaboration between the Intellectual Disabilities and Mental Health systems and agencies. One unfortunate consequence is that individuals being served by either system often end up receiving fragmented and inadequate services from both systems. The Program providing services to people with a dual diagnosis should attempt to coordinate the care between the ID/DD and MH systems and reduce the barriers that interfere with successful practices identified by the treatment team, family, and person being served. The Program needs to make attempts to avoid the fragmentation of responsibilities and services through a more 'holistic' approach to service provision, which means that the total needs of the person being served and family should be an important consideration in the planning and provision of services across systems of care.

The prevalence of psychological distress among individuals with intellectual and developmental disabilities and co-occurring psychiatric diagnoses is significant. Co-morbidity indicates increased rates and various types of psychological distress, including depression, anxiety/OCD, mood disorders, suicidal ideation, and a generalized vulnerability to decrease these stressors. Moreover, physicians, clinicians, practitioners, social workers, and professionals who serve persons with a dual diagnosis have difficulty in identifying these underlying psychological stressors. Persons with a dual diagnosis (IDD/MI) have complex needs and impose heavy demands on all levels and systems of care. There is an ever increasing need to identify risk factors and barriers that prevent and/or inhibit people with a dual diagnosis from maintaining and generalizing treatment gains across programs and settings.

This accreditation reviews and assesses that Program's ability to develop strategies for the integration of supports and services, coordinate and integrate levels of care both internal and external to the Program in meeting the needs of individuals and their families in accessing integrated and collaborative behavioral health supports and services, and significantly contribute to the developmental goals , mental health stability, and social well-being and community inclusion in a least restrictive setting.

Programs that provide services for persons with intellectual and developmental disability and mental health concerns must be willing to cross regular traditional professional boundaries to allow supports to occur. Moreover, programs must realize that individuals with a dual diagnosis come with multiple challenges that require assistance from numerous service systems (e.g., medical, legal, case management, emotional support, housing, food, income, employment) before a comprehensive service delivery plan can be developed and implemented.

Is there indication that the Program has a policy on interagency collaboration?
0 1 2 3 N/A

Is there indication that the Program identifies the potential barriers for each person and family and recommends a coordinated behavioral health service plan?
0 1 2 3 N/A

Is there indication that in the discharge planning process the Program identifies support services and the integral role of the provider necessary to maintain and enhance quality of life of the person being served?
0 1 2 3 N/A

Is there indication that the person being served, family/caregiver are encouraged to participate in interagency meetings? 0 1 2 3 N/A

Is there indication that the Program attempts to build collaborative structures of support to deliver comprehensive services to the person being served?
0 1 2 3 N/A

Is there indication that the Program attempts to access a broad array of resources (e.g., medical, psychiatric, housing, money, people, information) facilitating community support between the Behavioral Health and Office of Developmental Programs systems? 0 1 2 3 N/A

Is there indication that the Program collects data and evaluates treatment goals within and across systems? 0 1 2 3 N/A

Is there indication that the Program invites or provides advocacy in interagency meetings for the person and family being served? 0 1 2 3 N/A

Is there indication that the Program involves a liaison to participate and assist with transitions within the larger system of care? 0 1 2 3 N/A

Is there indication that the Program utilizes practice guidelines/formal protocols for interagency involvement and to define the scope and boundaries of confidentiality? 0 1 2 3 N/A

Is there indication that the Program provides clarity of roles between interagency participants? 0 1 2 3 N/A

Is there indication that the Program identifies a key person (case manager/care navigator) who is primarily responsible for interagency liaison and communication across systems? 0 1 2 3 N/A

Is there indication that the Program assures the person being served that he or she will receive the support of the services that meets their individual needs? 0 1 2 3 N/A

Module XV Reviewers Comments:

_____

_____

Module XVI
Long Term Living and Service Coordination

Is there indication that the Program addresses long term living care for the Individuals that they serve? 0 1 2 3 N/A

If Yes, check residential / living options

___ assisted living, ____nursing homes, ___residential care homes

Is there indication that the Program accepts and has policies on health advance directives? 0 1 2 3 N/A

Is there indication that the Program has policies on mental health advanced directives 0 1 2 3 N/A

Is there indication that the Program provides quality of life assessment for persons being served who have dual diagnosis (IDD/MI)? 0 1 2 3 N/A

For people with chronic and/or long term conditions, is there indication that the Program provides information and personalized care planning including outlining the potential benefits of care planning including risks and benefits of their choices and barriers to its implementation? 0 1 2 3 N/A

Is there indication that the Program assists the person being served and family in making decisions about levels of care and future planning relating to his/her long-term living situation? 0 1 2 3 N/A

Is there indication that persons or families being served with long term health / mental health and social care needs have opportunities to assess their own support needs? 0 1 2 3 N/A

Is there indication that the Program has available social services / case management who specialize in long term living? 0 1 2 3 N/A

Is there indication that the Program enables the individuals and families to self assess regarding their need for types and amount of support service, adaptive equipment, home care, and housing options? 0 1 2 3 N/A

Is there indication that the Program completes a risk assessment and presents both short term and long term conditions and recommended treatment and supports? 0 1 2 3 N/A

Is there indication that the Program provides documented training on abuse and neglect of elderly individuals and persons with disabilities? 0 1 2 3 N/A

Is there indication that the Program offers appropriate supports to the individuals in end-of-life situations? 0 1 2 3 N/A

Module XVI Reviewers Comments:

_____

_____

_____

Module XVI Score

0	1	2	3	N/A

Module XVII
Advocacy and Rights

Advocacy and individual rights refers to providing information and referral and complaint resolution services to persons and families being served who have a dual diagnosis (IDD/MI). The Program provides the individual and family specific information and explanation of legal rights if there is a concern regarding the environment, treatment, communication and/or interference with human rights. The Program should clearly demonstrate the process of Complaint resolution from registering the initial complaint, violation, or allegation through to resolving the complaint.

Is there indication that the Program has a specific policy addressing person/individual rights? 0 1 2 3 N/A

Is there indication that the Program has an identified administrator who is listed as the individual's rights/advocate? 0 1 2 3 N/A

Is there indication that the Program has specific time lines in the review and resolution process? 0 1 2 3 N/A

Is there indication that the Program addresses individual / family complaints (both registering and resolution) regarding human rights issues (check all that apply)? 0 1 2 3 N/A

Registering
____ Verbal ___ Written ___ Other: _____

Resolution
____phone interview ____ interviews ____family interview
____ staff interviews ____record reviews ____ findings
____written correspondence ____ recommendations.

Is there indication that the Program offers levels of appeals both internally and externally for individual and families who are not satisfied with a complaint resolution? 0 1 2 3 N/A

Is there indication that the Program makes accommodations (interpreter, visuals, auditory, etc) according to the ability of the person being served and family in registering a complaint? 0 1 2 3 N/A

Is there indication that the Program shows documentation (training syllabus) that the Program provides staff training on advocacy / self-advocacy and individual rights? 0 1 2 3 N/A

Is there indication that the Program has specifically identified quality assurance goals regarding individual rights advocacy and self-advocacy? 0 1 2 3 N/A

NADD Reviewer observation

Is there indication that the Program is up to date; i.e., individual's rights are current, posted, in predominant language, and prominently placed 0 1 2 3 N/A

Individuals' rights handbooks are available 0 1 2 3 N/A

Individual has access to private telephones 0 1 2 3 N/A

Visiting hours are posted and observed 0 1 2 3 N/A

Individuals have choice and options to wear their own clothing 0 1 2 3 N/A

Individuals have their own spending money and personal possessions 0 1 2 3 N/A

Individuals have access to outdoors 0 1 2 3 N/A

Individuals have privacy 0 1 2 3 N/A

Individuals are treated with dignity and respect 0 1 2 3 N/A

Individuals are provided information about their medication, rights, and commitment process 0 1 2 3 N/A

Individuals have choice and option to participate in meaningful activities 0 1 2 3 N/A

Individuals are receiving appropriate and desired medical treatment 0 1 2 3 N/A

Module XVII Reviewers Comments:

_____

_____

_____

Module XVII Score

0	1	2	3	N/A

Module XVIII
Health Informatics (technology)

Health care informatics is a discipline at the intersection of information science, computer science, and health care. It combines resources, devices, and methods for accessing, storing, retrieval, and sharing healthcare information of persons with dual diagnosis (IDD/MI). Health care informatics tools include clinical and practice guidelines, medical, diagnostic and medication terminologies, electronic medical records, clinical and staff training, and communication and sharing information across systems of care.

Is there indication that the Program has a policy that ensures that access to information is restricted and that confidentiality of the individual information is respected? 0 1 2 3 N/A

Is there indication that the Program offers training on the use of health care informatics in reducing redundancy and improving the quality of care?
0 1 2 3 N/A

Is there indication that the Program uses computer-based technologies to store an electronic patient record that includes information from the medical history, physical examinations, laboratory reports, diagnoses, and treatments?
0 1 2 3 N/A

Is there indication that the Program utilizes web-base training and CEU's for clinical and direct care staff? 0 1 2 3 N/A

Is there indication that the Program utilizes a computerized health maintenance reporting system for persons being served who have a dual diagnosis?
0 1 2 3 N/A

Is there indication that the Program provides computer reminders to the clinical staff regarding test results, follow up recommendations, release forms, or signatures prior to clinic and program visits or in- home or community services? 0 1 2 3 N/A

Is there indication that following the delivery of services the Program generates a computer report that includes recommendations and identifies scheduled follow up and specific preventive care, such as; blood levels, EEG, Abnormal Involuntary Movement Scale (AIMS), medication for high blood pressure, titrating medications, etc.? 0 1 2 3 N/A

Is there indication that the Program informatics technology includes an active surveillance component that incorporates data from across all departments and across the network of care i.e., if an individual were seen in the Program's emergency department within the network, the computer system matched the data and a printed report can be accessed that contains a medical history, clinic visits, and laboratory results? 0 1 2 3 N/A

Is there indication that the Program utilizes a computer-assisted decision support system that allows physicians, and clinicians, case managers to access evidence based informatics regarding treatment (medications and side effects), co-occurring conditions, interventions, and supports services that result in improved services and reduction in amounts and costs of services 0 1 2 3 N/A

Is there indication that the Program has specific quality assurance goals regarding health care informatics 0 1 2 3 N/A

Is there indication that the Program offers a system designed to be used on a personal computer in the individual's home / group home or residential program, ie., answers to commonly asked questions, how to find a provider, and tips, tools to assess the individual's lifestyle, and risk factors that interfere with following the prescribed treatment plan, and advice on how to reduce risk. 0 1 2 3 N/A

Is there indication that the Program uses telemedicine or hand held technology and personal assistance devices (iphone, ipad) as part of treatment or the plan of care. 0 1 2 3 N/A

Module XVIII Reviewers Comments:

_____

_____

Score

0	1	2	3	N/A

Program Summary, Feedback, Recommendation and Follow-up

Summary of Review

Program Name: Date of Survey:

Accreditation Score: _____

Program Strengths:

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Program Weaknesses:

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General Comments:

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Goals for follow-up or next review period:

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_____
_____
_____

Module Area Score

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18