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October 18, 2019

Kathleen McHale
SPIN
10521 Drummond Road
Philadelphia, PA 19154

Dear Kathleen McHale,

Thank you for your interest in NADD Accreditation and congratulations on earning a 3-year accreditation for Special People in Northeast (SPIN). Your Accreditation Survey Report is enclosed. Please be reminded of the requirement to submit a Quality Improvement Plan (see page 11 of the report).

Your accreditation certificate is being sent to you separately.

Sincerely,

Edward Seliger

Copy Editor/Accreditation & Certification Manager

PS: It appears that SPIN cannot receive emails coming from NADD. The last few times that I tried sending you emails about setting up phonecalls with John McGonigle, my emails did not go through to you.

NADD Accreditation Survey Report

Special People in Northeast (SPIN)

Submitted by:

John J. McGonigle, Ph.D.
Bradley Wyner, NADD-DDS

Accreditation Survey of:

Special People in Northeast SPIN
Philadelphia, Pa.

Key Administrators:

Jennifer Williams (Program Director)

Survey Dates:

October 7 & 8, 2019

Surveyors:

John J. McGonigle, PhD
Emeritus Faculty, Department of Psychiatry
University of Pittsburgh, School of Medicine
Director, Pennsylvania Autism Training Institute, LLC
Pittsburgh, Pennsylvania

Bradley Wyner, NADD-DDS
QIDP Manager, Rose-Mary
Co-Chair, NADD Specialist Certification Committee
Akron, Ohio

Accreditation Determination:

3 Year Accreditation
From: October 8, 2019
To: October 7, 2022

NADD

The National Association for the Dually Diagnosed (NADD), a 501(c)(3) nonprofit organization, was established in 1983 to promote the understanding of and services for individuals who have developmental disabilities and mental health needs. The NADD mission is to provide leadership in the expansion of knowledge, training, policy, and advocacy for mental health practices that promote a quality life for individuals with dual diagnosis (IDD/MI) in their communities.. Through the dissemination of cutting edge knowledge, NADD has been influential in the development of policies, programs, and opportunities in addressing the mental health needs of persons who have an intellectual and developmental disability and has been an international leading force advocating on behalf of individuals who have a dual diagnosis. NADD has been instrumental in marshalling national as well as international attention to policy issues and clinical practices as well as research regarding this population. NADD provides educational services, training materials, conferences, consultation services, as well as accreditation of programs and certification of professionals providing services to people with a dual diagnosis.

The NADD Accreditation Program was developed to improve the quality and effectiveness of services provided to individuals with intellectual or developmental disabilities co-occurring with mental illness through the development of competency-based professional standards and through promoting ongoing professional and program development. Programs that want to be known as providing quality services for individuals with a dual diagnosis 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.

Contact info:

NADD
12 Hurley Avenue
Kingston, New York 12401
(845) 331-4336 Fax: (845) 331-4569
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Special People in Northeast (SPIN)

SPIN is a behavioral health community residential program specifically designed for Individuals with Dual Diagnosis. The program emphasizes and embeds Principles of Recovery and adopts an Integrative/Holistic, Bio-Psycho-Social service approach. SPIN also recognizes the functional connection between IDD and co-occurring conditions and provides evidenced based interventions with emphasis on Positive Relationship development. Under the Recovery model and utilizing a Strengths-based philosophy the SPIN behavioral health residential program provides evidenced based mental health, behavioral supports, emphasizes personal growth and instills hope and faith that recovery is possible.

Accreditation Survey Methodology

Multiple sources of information were utilized during the assessment process. The main sources of information included:

- Initial meeting with SPIN administrative and clinical team

Participants:

Kathy McHale, CEO of SPIN

Judy Dotzman, Executive Director, SPIN

Nicole Burns, Lead Nurse Manager

Colleen Burns, RN Director of Health Services

Frank Brown, Corporate Officer of Residential Services

Annemarie Clarke, Corporate Office of Behavior Health and Autism Services

Lucy Corker, Director of Professional Development

Jen Williams, Residential Behavioral Health Director

Ebony Stevens, Residential Assisting Director

Kamil Simmons, Residential Behavioral Health Assisting Director

Lamar Gilliam, Residential Behavioral Health Assisting Director

Ben Haskin, Behavior Support Consultant

- Review of organization policy and procedures
- Observation of individual's living space
- Site visits Observation of individual and staff interactions

Site Visits-

9212 Glenloch St, Phila Pa 19114

KG

Eric McKinley- Lead DSP-BHS

Twanique Siler- Residential Behavioral Health Assisting Director

8106 Large St, Phila Pa 19152

Sarah Jane Schuman

PC

Kymberlee Griffith- DSP

Erica McCant- DSP (Apprentice)

Dr Amy Zucker- SJS mother

- Participation in a team meeting
- Brief discussion with Dr. Rosenstein, attending psychiatrist to discuss diagnostics, medication use and prescription practices.
- Chart Reviews (ISP's, behavior and Crisis plans)
- Discussed incident reporting
- Review of restrictive policy, procedure, and practices (Therapeutic Option/PRN's)
- Review of Quality Assurance goals and data collection
- Review of staff training areas and topics

- Discussion of incident reports
- Discussion of Functional Behavior Assessments
- Discussion on Positive Behavior Support
- Discussion on least restrictive intervention options
- Discussion on Trauma, trauma informed care and re-traumatizing practices
- Review of restrictive intervention and practices (environmental adaptations (residential) , and restrictive procedures
- Review and discussion of diagnostic (with attending psychiatrist and medication policies, procedures, and practices

Competency Areas

NADD evaluates programs in eighteen competency areas. The competency areas are:

Competency Module Areas Scores

I	Medication Reconciliation	3
II	Holistic Approach (Bio-Psycho-Social Approach)	3
III	Database / Outcomes	2
IV	Protocols for Assessments	2
V	Treatment Planning	2
VI	Basic Health Care	3
VII	Interdisciplinary Team (IDT)	3
VIII	Training- Staff /Family	3
IX	Crisis Prevention and Intervention	3
X	Cultural Competency /Family Values	3
XI	Trauma	2
XII	Quality Assurance / Improvement	3
XIII	Evidence Based Treatment Practices	3
XIV	Ethics, Rights, Responsibilities	3
XV	Interagency and Cross Systems Collaborations	2
XVI	Long Term Living / service coordination	NA
XVII	Advocacy / Rights	3
XVIII	Informatics (technology)	NA

3 year NADD Accreditation

Relative Strengths and Areas of Improvement

Special People in Northeast (SPIN) Philadelphia, Pennsylvania is an excellent and well-run program that has demonstrated its ability to provide exceptional behavioral health services and support for Individuals with Dual Diagnosis (IDD/MI). The Program incorporates a recovery philosophy and provides mental health services, treatment, and supports in adaptive and life skills for individuals living in community programs. The organization is clear in this mission of identifying and reducing interfering psychiatric symptoms and challenging behavior and teaching individuals the needed skills to pursue their personal goals.

Strengths

- Top down visible commitment from Executive Director and support from program administrators (assistant director, supervisors) to all levels of staff
- High staff morale
- Identification of medical problems that mask as psychiatric or behavioral problems
- Differential Diagnoses, No overuse of any one diagnostic category (i.e., Intermittent Explosive / Impulsive D/O)
- Detailed and individualized behavior support plans with input from the individual and family/caregiver
- Evidence-based treatment practices for Individual with dual diagnosis
- Clear division of management and staff roles and responsibilities (Administration, Supervisors, Consultants)
- Attention to co-occurring conditions and accessing specialists when needed
- Thoughtful discharge planning for Individuals moving to a lesser restrictive setting
- Strong and respectful interactions between staff and individuals during home visits
- Comprehensive behavioral data collection
- Effective use of interdisciplinary team approach
- Front line staff empowered to build meaningful relationships with the individuals that they support
- Demonstrated investment in on-going training of front-line staff
- Policies, procedures, and protocols based on trauma-informed best practices
- Strong quality assurance (CQI) – monitoring and tracking program objectives
- Individual outcome measures achieving stated goals
- Emphasis and support of employment for individuals supported
- Extremely low turnover of direct support professionals. National average is 40-70%; SPIN is currently 13%

Recommendations and Areas of Improvements:

- Covert current DSM IV-TR diagnoses to DSM-5
- Consolidate individual diagnostic information consistently across documentation (behavior plan, support plan, medical documentation, etc.)
- Use of additional MH screening tools specific to IDD to supplement in diagnostic evaluations. (DM-ID-2)
- Enhance the Functional Behavior Assessments (FBA) to determining etiology for challenging behavior (data-driven analysis of antecedents associated with problematic behavior, and of consequences that are most likely maintaining target behaviors)
- Improve methodology for efficacy and response to medications (RTI) and use of medication management (tying data to changes in medications)
- Consider developing Wellness Recovery Actions Plans (WRAP) for Individuals with trauma history
- Stated goals and outcomes need to have more specific measurements
- Add medication education plan to the Individuals goal plan
- Continue to expound upon trauma-informed care training for front-line staff; connect principles of trauma to the presenting issues of individuals supported in the program
- Add input from individual during crisis debriefing
- Add a brief trauma checklist to initial and intake evaluations
- Build upon individuals' participation in ISP and Behavior Support Plan development (connect service behavior support outcomes to individuals' values and to elements *important to* individuals receiving support)
- Add a fidelity or procedural checklist to ensure consistency in implementation of the behavior support plans
- Add Self-Assessment/Self-Monitoring to the current interventions
- Add family feedback form to be completed by family/caregiver following home and/or visits to the community

General Comments:

SPIN has demonstrated the ability to provide quality services and supports for Individual's with intellectual and developmental disability with co-occurring mental health conditions. SPIN with their rich history in providing behavioral health services across the lifespan clearly provides excellent support for a very complex needs population. To continue to raise the bar in providing best practice approaches under Everyday Lives going forward SPIN should focus on the areas of behavior support plan fidelity, continued expansion of trauma-informed training related to individuals supported, behavior support approaches that are driven by antecedent and consequence data, developing Wellness Recovery Action Plans (WRAP), and incorporating a Wellness Toolbox in the program's Recovery model/philosophy including intervention that focus on self-assessment, self-management and self-regulation.

Any questions regarding this Accreditation should be addressed to:

John J. McGonigle, Ph.D.
Emeritus Assistant Professor of Psychiatry
University of Pittsburgh, School of Medicine
Director, Pennsylvania Autism Training Institute, LLC

Bradley Wyner, NADD-DDS
QIDP Manager, Rose-Mary
Co-Chair, NADD Specialist Certification Committee
Akron, Ohio

Accreditation Decision

NADD has determined that Special People in Northeast (SPIN) qualifies for a 3-year NADD program accreditation. This 3 year accreditation is granted to Programs who meet and or exceed NADD accreditation standards for supporting individuals with dual diagnosis (IDD/MI). The SPIN program demonstrates compliance with best practice standards and provides evidence-based services that benefit the individuals that SPIN serves. The program is operating in a manner likely to continue this benefit to the individuals that they serve and to be able to continue to meet or exceed the NADD accreditation standards.

NADD Certification of Clinical and Direct Care Staff

SPIN has been informed and has agreed to meet the certification requirement of 10% of clinical, Specialist and Direct Support Professional staff within the 3 year accreditation period, and prior to the re-accreditation in October 2022

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, within 45 days after receipt of the accreditation decision the SPIN program is expected to submit a Quality Improvement Plan identifying what steps it has or will take to address the recommended areas of improvement identified in the survey. Additionally, the Quality Improvement Plan should indicate the extent to which the recommendations contained in this report have been or will be implemented.