

# We are glad to share the following article, from the September/ October 2016 NADD Bulletin

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## *US Public Policy Update*

### **Systems Change through a Professional Learning Community**

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Licensed clinicians at VayaHealth (Vaya), a managed care organization in western North Carolina, expressed concern regarding the lack of mental health (MH) diagnoses for people with intellectual/developmental disabilities (IDD) who had documented MH symptoms. Although the estimate of individuals with co-occurring IDD and MH disorders is in the range of 30 to 40 percent, clinicians observed a much higher rate. In addition, they noted that many people with co-occurring IDD and MH did not have cur-

rent, valid assessments and/or interventions that addressed the MH disorders. These two findings provided the impetus for a study that led to systems change including extensive training and the formation of a Professional Learning Community (PLC).

In 2015, 211 health records of participants in the North Carolina Innovations Home and Community Based Services Medicaid Waiver were randomly selected and reviewed by licensed clinicians for symptoms and/or a diagnosis of MH.

63% (133) had evidence of an MH disorder. Of those, only 16% (22) had a MH assessment within the past two years and 50 percent (68) received a MH intervention within the past two years.

The study was repeated in 2016 with another 211 randomly selected health records. The findings were nearly identical with 62 percent (130) having evidence of an MH disorder. Of those,

20 percent (26) had an MH assessment within the past two years and 58 percent (75) had received an MH intervention within the past two years. These studies confirmed the informal observations of Vaya's clinicians who recognized that MH diagnosis and treatment is often overshadowed by the IDD. Additional concerns regarding the cost of care were also investigated.

Utilizing the 211 cases from 2015, one year of claims data was analyzed from a random sample of 40 people (20 with evidence of a co-occurring MH/IDD disorder and 20 with a confirmed diagnosis of IDD only). This data showed that expenditures for people with co-occurring disorders was 30.68 percent (\$16,135) higher than for those with IDD.

VayaHealth initiated systems interventions that focused on extinguishing the silos of MH and IDD for assessment and treatment. The first step was to educate MH and IDD providers on co-occurring disorders. 33 MH and/or I/DD provider staff were trained utilizing the ten module *NADD Mental Health Approaches to Intellectual/Developmental Disability* "train the trainer" program. These providers and seven Vaya trainers formed a Professional Learning Community (PLC).

A PLC is a group that seeks and shares learning together and then acts upon what members have learned. The goal is to improve professional practice thus improving staff performance. Assessments provide information on teaching effectiveness rather than on learning retention. PLCs set tangible goals and produce measurable outcomes. Typically they consist of members with diverse interests who work collaboratively to achieve a common goal.

Vaya's co-occurring PLC meets quarterly to discuss challenges and solutions to achieving their goal of providing seamless assessments and supports to people with co-occurring MH/IDD. Pre- and post- tests are utilized to show the learner where he or she has knowledge and skills. The goal of this PLC is to have 700 staff trained in at least three of the ten NADD training modules. Vaya's members have either a MH background or an IDD background, but for the first time these groups were merged by our PLC.

Originally the members thought they could achieve the goal of 700 trained staff with face-

to-face training within their own agencies. This method produced an impressive 400 trained staff.

However, during the October 2016 meeting two specific challenges were identified to train the next 300 staff: (1) many staff lived and worked in outlying areas and (2) funding was not available for training and travel. PLC members realized that if they worked collaboratively without agency borders they could reach their goal.

PLC members formed six teams to produce webinars based on six of the MH approaches modules. They addressed eliminating the silos by forming teams of one MH provider, one IDD provider, and one VayaHealth staff. Providers involved in the PLC also showed their commitment to this goal through signing addendums to their contracts requiring 30 percent of their staff to be trained in three of six NADD modules throughout the year. In addition to the training, providers participated in forming a seamless referral-assessment-service process without MH and I/DD silos.

Providers concur that the NADD curriculum provides a teaching method that is consistent across agencies and that the PLC has taken teaching and learning to a new level. They have observed a paradigm shift in staffs' understanding co-occurring disorders, in their confidence in their professional skills, and in their motivation to learn more.

VayaHealth and the PLC are committed to systems changes that will result in an increase in valid assessments and effective MH interventions.

## Bibliography

- DuFour, R., DuFour, R., & Eaker, R. (2008). *Revisiting professional learning communities at work: New insights for improving schools*. Bloomington, IN: Solution Tree.
- Fletcher, R, Baker, D, St Croix, J, Cheplic, M (2015). *Mental health approaches to intellectual/developmental disability: A resource for trainers*. Kingston, NY: NADD Press.
- Quintero, M., & Flick, S. (2010). Co-occurring mental illness and developmental disabilities *Social Work Today*, 10 (5), 6.

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