



Is My Organization Ready to Apply?

Achieve Behavioral Health Accreditation For Your Organization

Take this quick quiz and find out!

If you answer **“YES”** to at least 20 questions, your behavioral health organization has leading business practices in place that address some of our key foundational accreditation requirements. You are prepared to move onto the next step in the process – submitting a completed application.

GENERAL ELIGIBILITY REQUIREMENTS	YES	NO
Has your organization served at least three individuals, with at least two currently active? For foster care agencies, do you have at least three foster homes, with at least two providing care for at least one foster child or adult?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in compliance with all your federal, state, or local laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization meet the applicable fire code?	<input type="checkbox"/>	<input type="checkbox"/>

LEADERSHIP	YES	NO
Do the mission, vision, and goals of your organization support safety and quality of care, treatment or services?	<input type="checkbox"/>	<input type="checkbox"/>
Do ethical principles guide the organization's business practices?	<input type="checkbox"/>	<input type="checkbox"/>
Can your organization demonstrate that it continually assesses and improves the quality of its care, treatment, and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
Does leadership manage safety and security risks in the organization?	<input type="checkbox"/>	<input type="checkbox"/>
Are your organization's information management processes able to meet your internal and external information needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written policy to address privacy, confidentiality, and security of information about your staff and your patients?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have a written emergency management plan?	<input type="checkbox"/>	<input type="checkbox"/>

HUMAN RESOURCES MANAGEMENT	YES	NO
Do you have a written policy in place to confirm that a person's qualifications and competencies fit with their assignment and their job responsibilities? Does it include such items as:	<input type="checkbox"/>	<input type="checkbox"/>
– Current licensure, certification, or registration required	<input type="checkbox"/>	<input type="checkbox"/>
– Education, training, and experience	<input type="checkbox"/>	<input type="checkbox"/>
– A criminal background check	<input type="checkbox"/>	<input type="checkbox"/>
– Health screening and immunization requirements	<input type="checkbox"/>	<input type="checkbox"/>
– Proof of identity	<input type="checkbox"/>	<input type="checkbox"/>
– A job description including minimum qualifications and competencies required	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization provide thorough orientations for your staff?	<input type="checkbox"/>	<input type="checkbox"/>
Is the competency of your staff to perform their job duties assessed, demonstrated, and maintained on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you facilitate ongoing educational opportunities to maintain and improve the clinical competency of your staff?	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE MANAGEMENT & IMPROVEMENT	YES	NO
Does your organization have an organized, comprehensive plan for performance improvement based on collecting and analyzing data?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use input from the individuals you serve in your performance improvement process?	<input type="checkbox"/>	<input type="checkbox"/>

CARE, TREATMENT OR SERVICES	YES	NO
Does your organization evaluate, assess, and/or screen individuals served?	<input type="checkbox"/>	<input type="checkbox"/>
Is this data used to create a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served?	<input type="checkbox"/>	<input type="checkbox"/>
If providing foster care, does your agency use screening and assessment data to determine needed services and placement to match a competent foster or respite home to an individual?	<input type="checkbox"/>	<input type="checkbox"/>
Do you identify individuals who may have experienced trauma, abuse, neglect, or exploitation?	<input type="checkbox"/>	<input type="checkbox"/>
Are your plans for care, treatment and/or services based on the tenets of trauma informed care, recovery and resiliency?	<input type="checkbox"/>	<input type="checkbox"/>
Does the plan for care, treatment, and services address the family's involvement?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization use a standardized tool to assess the outcomes of care, treatment, and services provided to the individual served?	<input type="checkbox"/>	<input type="checkbox"/>
Are the rights of the individual served respected in a manner that supports their dignity? Does this include cultural and personal values, beliefs, and preferences?	<input type="checkbox"/>	<input type="checkbox"/>

Request an application at www.jointcommission.org/BHCS or call (630) 792-5771.