APPROVED: Phase II Revisions to Update Behavioral Health Care Requirements

The Joint Commission has completed its two-phase review of the *Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)* and identified a number of standards requiring maintenance. This review project involved clarifying existing language, adding new elements of performance (EPs), and revising notes.

The previously announced Phase I revisions (*see* the January 2017 *Perspectives*, pages 8 and 9) are effective July 1, 2017. Phase II revisions, which are **effective January 1, 2018**, consist of the following:

This review project involved clarifying existing language, adding new elements of performance (EPs), and revising notes.

- A new EP has been added to Care, Treatment, and Services (CTS) Standard CTS.02.01.03 that requires organizations to gather health information (as relevant to the individual's current care, treatment, or services) from other providers.
- Standard CTS.02.01.11, EP 1 has been revised to include a component about eating disorders. In addition, the note has been removed from the standard.
- New Standard CTS.04.03.20 has been added to address the supervision of individuals served and applies to organizations providing an inpatient/24-hour crisis stabilization setting.
- Standard CTS.05.05.09, EP 1 has been revised for clarity.
- Standard CTS.05.05.09, EP 5 has been deleted. Because it was out of place in the CTS chapter, the requirement to document physical holding of a child or youth in the clinical/case record is now addressed in the "Record of Care, Treatment, and Services" (RC) chapter at Standard RC.02.01.05.
- The note at Standard CTS.05.05.11, EP 1 has been revised to include sensory modulation as an example.
- A new EP has been added to Standard CTS.05.05.21 that addresses written policies and procedures regarding initiation of physical holding of a child/youth by an authorized staff member. This change aligns the standard with the revision to Standard CTS.05.05.09, EP 1.
- The note at Standard CTS.05.06.09, EP 1 has been revised to include additional information regarding nonphysical techniques for managing behaviors of individuals served.
- A new EP has been added to Standard CTS.05.06.35 that requires organizations to add details about debriefing to their written policies and procedures regarding restraint or seclusion.
- Language referencing physical holding of a child/youth has been added to Standard RC.02.01.05, and new EPs 5 and 6 detail what should be included in the clinical/case record regarding the physical holding.

These revisions are shown below (new text is underlined and deleted text is shown with ~~strikethrough~~) and will be posted by the end of June on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. The revisions will be published in the fall 2017 E-dition® release for the *Comprehensive Accreditation Manual for Behavioral Health Care* as well as the hard copy publications for 2018.

Questions may be directed to Lynn Berry, MLA, project director, Department of Standards and Survey Methods, The Joint Commission, at lberry@jointcommission.org.

Joint Commission Requirement

Official Publication of Joint Commission Requirements

Phase II Maintenance Revisions to Behavioral Health Care Requirements

Effective January 1, 2018

APPLICABLE TO BEHAVIORAL HEALTH CARE

Care, Treatment, and Services (CTS)

Standard CTS.02.01.03

The organization performs screenings and assessments as defined by the organization's policy.

Elements of Performance for CTS.02.01.03

5. Ⓓ When relevant to the individual's current care, treatment, or services, as determined by the organization, the organization gathers behavioral and physical health information from both inpatient and outpatient providers who have treated the individual. When it is not possible to obtain this information, the organization documents the reason why it could not be obtained.

Phase II Maintenance Revisions to Behavioral Health Care Requirements (continued)

~~5.~~ 6. **For acute 24-hour settings:** A qualified, licensed independent practitioner is responsible for determining the degree of assessment and care for each individual treated in an emergency care area.

Note: *"Acute 24-hour settings" includes inpatient crisis stabilization or medical detoxification.*

~~6.~~ 7. **For opioid treatment programs:** Patients receive a comprehensive evaluation that covers the following, based on the patient's condition and needs: medical, psychosocial, vocational, educational, behavioral, family, financial, legal, health, and self-care needs.

Note: *For patients receiving interim maintenance treatment, the program is not required to provide rehabilitative, education, and other counseling services to the patient.*

~~7.~~ 8. **For opioid treatment programs:** The comprehensive evaluation is conducted by one or more disciplines within approximately 30 days of admission or earlier when necessary.

Standard CTS.02.01.11

The organization screens all individuals served for their nutritional status.

~~**Note:** *Triggers for a nutritional assessment may include a weight loss or weight gain of 10 pounds or more in the past three months, a change in appetite, dental problems, noncompliance with a special diet, and food allergies. (Refer to CTS.02.03.09, EP 1 for more information)*~~

Element of Performance for CTS.02.01.11

1. The organization screens all individuals served to identify those for whom a nutritional assessment is indicated. At a minimum, the screening includes questions about the following:
   - Food allergies
   - Weight loss or gain of ten pounds or more in the last three months
   - Decrease in food intake and/or appetite
   - Dental problems
   - Eating habits or behaviors that may be indicators of an eating disorder, such as bingeing or inducing vomiting

Standard CTS.04.03.20

For inpatient crisis stabilization: The organization supervises individuals served as needed.

Elements of Performance for CTS.04.03.20

1. **For inpatient crisis stabilization:** The organization supervises the daily activities of individuals served as needed to prevent them from engaging in behavior that could be detrimental to their health.
2. **For inpatient crisis stabilization:** Supervision is conducted by staff; the organization prohibits one individual served from supervising another.

Standard CTS.05.05.09

For organizations that use physical holding on a child or youth: Physical holding of children and youth is used in a safe manner.

Elements of Performance for CTS.05.05.09

1. **For organizations that use physical holding on a child or youth:** ~~The authorization to initiate p~~Physical holding is initiated by an authorized staff member in accordance with law and regulation and organization policy. R
5. ~~**For organizations that use physical holding on a child or youth:** The physical holding of the child or youth is documented in the clinical/case record.~~

Standard CTS.05.5.11

For organizations that use physical holding on a child or youth: Nonphysical techniques are the preferred intervention in managing behaviors of children and youth.

Element of Performance for CTS.05.05.11

1. **For organizations that use physical holding on a child or youth:** Whenever possible, the organization uses nonphysical techniques in managing behaviors of children and youth.

   Note: *Such ~~interventions~~ techniques may include implementing a crisis response plan, redirecting the focus of the child or youth, ~~or~~ employing verbal de-escalation and positive behavioral support, or using sensory modulation.*

Standard CTS.05.05.21

For organizations that use physical holding on a child or youth: The organization's policies and procedures address the prevention of the use of physical holding and, when employed, guide its use.

Elements of Performance for CTS.05.05.21

For organizations that use physical holding on a child or youth: The organization has written policies and procedures regarding physical holding that include details about the following:

7. Ⓓ Initiation of physical holding by an authorized staff member.

~~7.~~ 8. Ⓓ Monitoring of the child or youth.

~~8.~~ 9. Ⓓ Discontinuation of the physical hold.

~~9.~~ 10. Ⓓ Debriefing.

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~~10.~~11. Ⓓ Reporting injuries and deaths to the organization's leadership and appropriate external agencies consistent with applicable law and regulation.

~~11.~~12. Ⓓ Documentation of physical holding.

~~12.~~13. Ⓓ Data collection and the integration of physical holding into performance improvement activities.

Standard CTS.05.06.09

For organizations that use restraint or seclusion: Nonphysical techniques are the preferred intervention in managing behaviors of individuals served.

1. **For organizations that use restraint or seclusion:** Whenever possible, the organization uses nonphysical techniques in managing behaviors of individuals served.

   Note: *Such ~~interventions~~ techniques may include implementing a crisis response plan, redirecting the focus of the individual ~~served, or~~ employing verbal de-escalation and positive behavioral support, or using sensory modulation.*

Standard CTS.05.06.35

For organizations that use restraint or seclusion: Organization policies and procedures address prevention of restraint and seclusion and, when employed, guide their use.

Element of Performance for CTS.05.06.35

18. Ⓓ **For organizations that use restraint or seclusion:** The organization has written policies and procedures regarding restraint or seclusion that include details about the following: Debriefing.

Record of Care, Treatment, and Services (RC)

Standard RC.02.01.05

The clinical/case record contains documentation of the use of restraint and/or seclusion and documentation of physical holding of a child or youth.

Elements of Performance for RC.02.01.05

5. Ⓓ The organization documents the use of physical holding of a child or youth for behavioral health purposes in the clinical/case record, including the following:
   - Each episode of physical holding
   - The circumstances that led to the use of physical holding
   - Attempt at or failure of nonphysical interventions
   - The rationale for the use of physical holding
   - Names of the staff members who participated in the use of physical holding, including who did the holding and who observed the child's or youth's physical well-being
   - Any preexisting medical conditions or any physical disabilities that would place the individual served at greater risk during physical holding
   - Any history of sexual or physical abuse or other trauma that would place the individual at greater psychological risk during physical holding
   - That the individual served and/or his or her family was informed of the organization's policy on the use of physical holding
   - That the individual's parent(s) or guardian was notified of the use of physical holding
   - Behavior criteria for discontinuing physical holding
   - That the individual served was informed of the behavior criteria he or she needed to meet in order for physical holding to be discontinued
   - Assistance provided to the individual served to help him or her meet the behavior criteria for discontinuing the use of physical holding
   - Debriefing the individual served with staff following an episode of physical holding
   - Any injuries the individual served sustained and the treatment for these injuries
   - The death of the individual served while in a physical hold
6. The method(s) used to document physical holding facilitates the collection and analysis of data for performance improvement activities.