Behavioral Health Care Accreditation:

- Provides a framework for organizational structure and management
- Strengthens community confidence in the quality and safety of care, treatment and services
- Provides ongoing resources and support
- Is widely recognized by state authorities as fulfilling regulatory requirements
- Provides a risk management strategy
- Provides a customized, intensive process of review grounded in the unique mission and values of the organization

What do we hear from our customers?

“The Astor Home for Children became one of the first behavioral health care organizations to achieve accreditation by the Joint Commission in 1974. We believed then, as we do now, that for Astor to be a world class organization, we must set and meet the highest standards. Joint Commission offers us the stringent standards that insure our children and families receive the care, treatment and educational services they deserve.”

Jim McGuirk, PhD
Executive Director
The Astor Home for Children
Rhinebeck, NY

“Our decision to be accredited is voluntary and reflects our commitment to quality care. As a publicly funded community behavioral health center, we are under constant pressure from our funders and payors to do more with less. Joint Commission requirements are the standards we use to assure we do not sacrifice quality or safety as we change to meet new demands. They are the stake pole around which we organize our systems.”

Susan Rushing, PhD
Chief Executive Officer
Burke Center
Lufkin, TX
Dear Reader,

It is my pleasure to extend a sincere thank you for your interest in Joint Commission accreditation for behavioral health care organizations. At The Joint Commission, we understand that while the accreditation process can be very rewarding, it can also be very challenging. That’s why we wrote the Survey and Accreditation Process Guide. Our goal is to provide you with practical answers to questions that are commonly asked by behavioral health care organizations. We hope you will find the guide helpful whether you are considering accreditation for the first time, or you are currently accredited and want to “brush up” on your knowledge of the accreditation process for behavioral health care. I hope that this complimentary guide helps walk you through our policies and procedures, standards, and survey process.

As a nationally recognized leader in accreditation, the Joint Commission is an independent, objective evaluator of care quality. Accreditation from the Joint Commission is a “gold seal of quality” and a mark of distinction for behavioral health care organizations. The Joint Commission is the nation’s leading behavioral health accrediting body. Our customized standards and survey process address a range of settings, services, and populations throughout the life span.

Feel free to call Behavioral Health Care Accreditation Services at (630) 792-5411 if you have additional questions or need more information. In addition, we have provided a behavioral health care accreditation staff directory within this booklet. We look forward to working with you!

Sincerely,

Mary Cesare-Murphy, PhD
Executive Director, Behavioral Health Accreditation Program
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Behavioral Health Care Survey and Accreditation Process Guide

Telephone Directory

Staff Directory

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Peggy Lavin, LCSW, Associate Director ........................................................................... 630-792-5411
Jasmina Juric, Specialist ...................................................................................................... 630-792-5251
Susan Bullivant, Senior Secretary .................................................................................... 630-792-5771

Standards Interpretation Group .......................................................................................... 630-792-5900

To request a survey .............................................................................................................. 630-792-5791
To inquire about survey fee information ............................................................................. 630-792-5115
To contact your account representative ............................................................................. 630-792-3007
To request an Application for Accreditation .................................................................... 630-792-5771

Customer Service Center ................................................................................................ 630-792-5800
To inquire about names of accredited organizations

Joint Commission Resources .............................................................................................. 877-223-6866
To inquire about field education, on-site education, video products, publications
information, or visit the JCR website at www.jcrinc.com

Joint Commission Web Site: www.jointcommission.org
- Current Joint Commission news
- Quality Check™ -- information about accreditation status for specific organizations
- Information about publicizing your accreditation
- Frequently asked questions (FAQs)
- BHC News (newsletter)
- Revisions to standards
- Speak Up information (look under “Top Spots” and then click on Speak Up)
- “Helping You Choose” information for consumers (look under “General Public” then “Making
Better Health Care Choices”). Click on the Behavioral Health Care information.

Joint Commission Resources Web Site: www.jcrinc.com
- Upcoming education programs
- Catalog of publications
- Perspectives: The Official Joint Commission News Source
The Joint Commission--Who Are We?

The Joint Commission was founded in 1951 under the auspices of the American Hospital Association, the American Medical Association, the American College of Physicians, and the American College of Surgeons, with the later addition of the American Dental Association, to act as an independent accrediting body for hospitals nationwide. Because of the changing nature of health care in America, the Joint Commission has, over the years, broadened its scope to include accreditation of many non-hospital settings including behavioral health care, beginning in 1969.

The Joint Commission established the Behavioral Health Care Accreditation Program to encourage quality care in all types of freestanding behavioral health care facilities. Today’s behavioral health care environment is changing rapidly, and providers are experiencing new quality and accountability pressures in the behavioral health care marketplace. Providing safe, high quality care, treatment and services to clients and continually improving performance are benchmarks of success. Joint Commission accreditation of a behavioral health care organization is a widely recognized standard for high quality services. Many payers, regulatory agencies, and managed care contractors require Joint Commission accreditation for reimbursement, certification and licensure, and as a key element of participation agreements.

Joint Commission Behavioral Health Care Accreditation

What accreditation means:
The Joint Commission is the nation’s leading accreditor of health care and behavioral health care organizations. The Joint Commission accredits 15,000 organizations and services in the United States, including over 1,800 behavioral healthcare organizations providing mental health care, addictions treatment services, child welfare services, foster care, and services to persons with intellectual and developmental disabilities. The Joint Commission’s role in the behavioral health care environment and human services is well established and nationally renowned.

Organizations accredited by the Joint Commission benefit from the educational approach of the survey process - the objective is to provide the organization with the information needed to improve its performance.

What accreditation means to the clients:
Joint Commission accreditation demonstrates to clients and their families that the organization has a commitment to providing quality care, treatment and services. As the demand for greater accountability for quality and cost grows, it is more important than ever to have the quality distinction - Joint Commission accreditation. Achieving accreditation makes a strong statement to the community about an organization’s efforts to provide care, treatment, and services of the highest quality.

What accreditation means to payers:
Joint Commission accreditation demonstrates quality in response to demands by payers, behavioral health care policy makers and state authorities. Joint Commission accreditation can influence the decisions of purchasers, expedite third party payment, reduce liability exposure, enhance community confidence, and provide an organization with a higher level of recognition and acknowledgment.
In addition:

- Since January 1, 2001, Joint Commission Foster Care standards have been available for organizations that provide foster care. The standards address the continuum of care in the foster care process from the child’s entrance into the foster care system; to whether the child returns to the family of origin, is adopted, receives long term foster care, or becomes independent. See Appendix C for further details.

- Since January 1, 2001, Joint Commission standards for addictions treatment have been expanded to be inclusive of chemical dependency, substance abuse, and other addictive behaviors, such as gambling.

- Joint Commission accreditation of Opioid Treatment Programs has had deemed status with the Substance Abuse/Mental Health Services Administration (SAMHSA) since November, 2001. The standards in the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) address the full continuum of care for patients in both maintenance and detoxification modalities, including mandatory requirements listed in federal regulation 42CFR Part 8. Opioid Treatment Programs (OTPs) are also able to attend select customized training programs, supported by a grant from SAMHSA.

- State Recognition of Joint Commission accreditation
  Many state authorities responsible for mental health/substance abuse/vocational rehabilitation/intellectual and developmental disabilities organizations recognize Joint Commission accreditation for purposes of licensure oversight or as a condition of funding. Please check with the relevant state authority.

Our Surveyors -- Behavioral Health Care Professionals

Joint Commission Behavioral Health Care staff and field surveyors are experienced Behavioral Health Care (BHC) professionals who understand the day-to-day issues that confront you, and have the hands-on expertise to help you resolve them. The Behavioral Health Care surveyor cadre is composed of clinical psychologists, social workers, behavioral health care nurses, and administrators.

The Joint Commission ensures surveyor consistency by providing several weeks of initial training and continuing education annually to keep surveyors up-to-date on advances in quality-related performance evaluation. All surveyors have passed a Surveyor Certification Exam. Part of the training is ensuring that your on-site survey is an educational process, not just a compliance experience.

The majority of the surveyors are also currently practicing in the behavioral health care field. The Joint Commission evaluates its surveyors’ performance continually throughout the year.

Our Standards Represent a National Consensus

The Joint Commission’s behavioral health care standards and accreditation processes are the result of careful analysis of this rapidly changing behavioral health care field. Every effort is made to reflect state-
of-the-art technology in behavioral health care and to provide reasonable guidelines that every behavioral
health care organization should strive to meet.

Professional and Technical Advisory Committee
Our standards undergo extensive field review prior to their publication. We have established a Professional
and Technical Advisory Committee (PTAC) to the Behavioral Health Care Accreditation Program, composed
of experts in the field. Our PTAC provides advice and assistance in the development of new and revised
standards, and recommends improvements to the accreditation process. Members of the Behavioral PTAC
are drawn from representatives of national bodies such as:

- Alliance for Children and Families
- American Academy of Child and Adolescent Psychiatry
- American Association for Treatment of Opioid Dependence
- American Association of Children’s Residential Treatment Centers
- American College of Mental Health Administration
- American Dental Association
- American Hospital Association
- American Medical Association
- American Nurses' Association
- American Psychiatric Association
- American Psychological Association
- American Society of Addiction Medicine
- Association for Ambulatory Behavioral Healthcare
- Bazelon Center for Mental Health
- Child Welfare League of America, Inc.
- Coalition of Rehabilitation Therapy Organizations
- Mental Health Corporation of America
- National Association for Children’s Behavioral Health
- National Association for the Mentally Ill
- National Association of Addiction Treatment Providers
- National Association of Alcoholism and Drug Abuse Counselors
- National Association of Psychiatric Health Systems
- National Association of Social Workers, Inc.
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors
- National Association of Therapeutic Schools and Programs
- National Council for Community Behavioral Healthcare
- Public Members
- Substance Abuse and Mental Health Services Administration

Behavioral Health Advisory Council
On a regular basis, three groups of currently-accredited behavioral health care organizations, representing
community mental health centers, addiction treatment and behavioral health services for children and
youth, meet to discuss ongoing issues and potential future improvements to the accreditation process.
Eligibility for Survey

Any behavioral health care organization may apply for a Joint Commission accreditation survey under the standards in the *Comprehensive Accreditation Manual for Behavioral Healthcare (CAMBHC)* if the following requirements are met:

- The behavioral health care organization is in the United States or its territories or, if outside the United States, is operated by the United States government, under a charter of the United States Congress, or for other behavioral health care organizations outside of the United States that meet the following criteria:
  - The nature of the behavioral health care practices in the applicant organization is compatible with the intents of Joint Commission standards;
  - With the use of available translators, as necessary, the surveyor(s) can effectively communicate with substantially all of the organization management and clinical personnel and at least half of the organization’s clients, and can understand clinical/case records and documents that relate to the organization’s performance; or
  - United States citizens make up at least 10% of the organization’s client population

  OR

  A United States government agency contracts with the organization to provide services to United States citizens

  OR

  United States citizens preferentially use the organization in that country.

- The organization assesses and improves the quality of its services. This process includes a review of care by clinicians, when appropriate.
- The organization identifies the services it provides, indicating which services it provides directly, under contract, or through some other arrangement.
- The organization provides services addressed by the Joint Commission’s standards.

The Joint Commission surveys many types of organizations under the behavioral health care standards. Accredited organizations may serve people throughout the life span or specialize in an age or disability group. A standards applicability table in the *CAMBHC* identifies which standards apply to the various settings and populations and includes:

- Addictions services/programs
- Case management
- Community mental health centers
- Corrections services/programs
- Crisis stabilization (24-hour acute care)
- Day programs (intensive outpatient services, day treatment programs, adult day care, therapeutic day schools, and partial hospitalization programs)
- Family preservation/wraparound services
- Forensic programs or services
- Foster care, traditional
- In-home services
• Mental Health Rehabilitation Services
• On-line behavioral health
• Opioid treatment programs
• Outdoor behavioral health
• Outpatient programs
• Residential group homes
• Services that support recovery and resilience
• Therapeutic foster care
• Therapeutic schools (24 hour)
• Transitional living/supervised care/supportive care
• Vocational rehabilitation

Initial Surveys
An organization that is seeking Joint Commission accreditation for the first time or that has not been unaccredited by the Joint Commission during the previous 6 months is eligible for an initial survey. The full scope of applicable standards is reviewed during the survey. The scoring of the standards is based on a 4-month track record of compliance (prior to survey) rather than the 12-month track record of compliance required for resurveys. The accreditation effective date for an organization that undergoes an initial survey is the date on which its Evidence of Standards Compliance was submitted, if the organization has a requirement for improvement. If there are no requirements for improvement, the effective date is the date after the last day of the survey.

Early Survey Options (for organizations seeking accreditation but not ready for full evaluation)

Early Survey Policy
Many organizations requesting a survey may be interested in accreditation, but do not feel quite ready for full evaluation. These organizations may prefer to be surveyed under one of the two Early Survey Options. An organization electing an Early Survey Option must declare that election on the Application for Accreditation.

The Early Survey Policy allows a behavioral health organization new to Joint Commission accreditation to enter the accreditation process in two stages. For a new organization, this makes it possible to set up the business operations on a foundation of compliance with administrative and organizational standards before the first clients are served. The Early Survey Options are different than a normal, full survey in that they consist of two on-site visits.
Early Survey Option 1
First Survey
The first survey can be conducted as early as two months before the organization begins operations, provided the organization meets the following criteria:
- it is licensed or has a provisional license;
- the building in which client care services will be provided is identified, constructed, and equipped to support such services;
- it has identified its chief executive officer or administrator, and its director of clinical affairs; and
- it has identified the date it will begin operations.
The Joint Commission requires written evidence of these criteria within 30 days before conducting the first survey.

The first survey is a limited survey, addressing physical environment, if applicable, policies and procedures, plans, and related structural considerations for client care. Following this initial survey, assuming that the organization can demonstrate compliance with the abbreviated set of standards, the organization receives Preliminary Accreditation.

Second Survey
The second survey is conducted approximately six months after the initial survey, and covers the full set of behavioral health accreditation standards, with a four-month record of compliance required. After completion of the second survey, the organization receives one of the following accreditation decisions: Accreditation, Provisional Accreditation, Conditional Accreditation, Preliminary Denial of Accreditation, or Denial of Accreditation. The organization’s three-year accreditation cycle begins upon completion of the second survey.

Early Survey Option 2
First Survey
Under Early Survey Option 2, to be eligible an organization that has never been accredited by the Joint Commission must be in operation for at least one month, must have provided care, treatment or services to at least 10 clients since the organization commenced operations, and must have at least one client under active care, treatment or services at the time of the survey. The first survey is a full survey, assessing all standards, without regard to track record. The organization is evaluated only for whether it is performing the requirement, not the length of time it has been meeting the requirement. As a result of the first survey, the organization may receive the following accreditation decisions: Accreditation with Requirements for Improvement (to address the track record issues), Conditional Accreditation, or Preliminary Denial of Accreditation.
Second Survey
The second survey is conducted four to six months after the first survey. The scope of the second survey will depend on requirements for improvement from the first survey which need to be addressed, but will always address track record requirements (at a minimum to address the four-month minimum record of compliance with standards) which were not evaluated during the first survey. Based on the findings from the first survey, follow-up activities such as Evidence of Standards Compliance may be required. The result of the second survey may be continued Accreditation, Provisional Accreditation, Conditional Accreditation, Preliminary Denial of Accreditation, or Denial of Accreditation.

<table>
<thead>
<tr>
<th>Early Survey Options</th>
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<tbody>
<tr>
<td><strong>Early Survey Option 1</strong></td>
</tr>
<tr>
<td>First survey</td>
</tr>
<tr>
<td>• Conducted up to two months before opening</td>
</tr>
<tr>
<td>• Licensed</td>
</tr>
<tr>
<td>• Building identified, constructed, and equipped</td>
</tr>
<tr>
<td>• CEO or administrator, director of clinical or medical services (medical director), nurse executive identified, if applicable</td>
</tr>
<tr>
<td>• Identified opening date</td>
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<tr>
<td>• Limited set of standards (physical plant, policies and procedures)</td>
</tr>
<tr>
<td>• Outcome: Preliminary Accreditation</td>
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<tr>
<td><strong>Early Survey Option 2</strong></td>
</tr>
<tr>
<td>First survey</td>
</tr>
<tr>
<td>• Conducted when an organization</td>
</tr>
<tr>
<td>• Has been in operation at least one month</td>
</tr>
<tr>
<td>• Has seen at least ten clients</td>
</tr>
<tr>
<td>• Has one client in active treatment at time of survey</td>
</tr>
<tr>
<td>• Full survey; no track record</td>
</tr>
<tr>
<td>• Outcome: Accreditation with requirements for improvement, to address insufficient track record of compliance, and other possible issues raised during the survey; conditional accreditation; or preliminary denial of accreditation.</td>
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<tbody>
<tr>
<td><strong>Second Survey</strong></td>
</tr>
<tr>
<td>• Six months after first survey</td>
</tr>
<tr>
<td>• Full survey</td>
</tr>
<tr>
<td>• Outcome: Change in preliminary accreditation status to accreditation; provisional accreditation; conditional accreditation; or preliminary denial of accreditation. The effective date of the accreditation decision is <strong>the day after the second survey</strong> if there are no requirements for improvement.</td>
</tr>
<tr>
<td><strong>Second survey</strong></td>
</tr>
<tr>
<td>• A full, follow-up survey four-six months after the first survey</td>
</tr>
<tr>
<td>• Addresses track record and standards compliance issues</td>
</tr>
<tr>
<td>• Outcome: Accreditation; provisional accreditation; conditional accreditation; or preliminary denial of accreditation. The effective date of the accreditation decision is <strong>the day after the first survey</strong> if there are no requirements for improvement.</td>
</tr>
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Converting a Full Survey to Early Survey Option 1
There are occasions when an organization has requested a full survey, but once the surveyor begins the on-site evaluation, it becomes clear that the organization is not ready for a comprehensive review, and faces the possibility of being denied accreditation. In that instance, the organization may be offered the option to convert its full survey to a first survey for Early Survey Option 1. If the organization accepts, a second survey is scheduled approximately six months later to address the issues discovered during the first survey. However, the first survey of an early survey option cannot be converted into a full survey at the time of survey.
How to Apply

- An organization begins the accreditation process by completing an Application for Accreditation. This electronic document provides essential information about an organization, including ownership, demographics, and types and volume of services provided. The Joint Commission Application for Accreditation is available on a secured organization-specific extranet site.

The Application for Accreditation:
- Describes the organization seeking accreditation;
- Requires the organization to provide Joint Commission surveyor(s) with all official records and reports of public or publicly-recognized licensing, examining, reviewing, or planning bodies;
- Authorizes the Joint Commission to obtain any such records and reports not possessed by the organization; and,
- When accepted, establishes the terms of the relationship between the organization and the Joint Commission.

When completing out the Application for Accreditation, the organization identifies all services provided and the location of each one. It is important that all the services provided are listed so the Joint Commission can determine which standards apply to the organization and assign appropriate surveyor(s).

The Joint Commission schedules surveys based on information provided in the organization's Application for Accreditation. With the information provided, the Joint Commission determines the number of days required for a survey and the composition of the survey team (number and discipline of surveyors).

Once the Joint Commission provides written or verbal notice of the scheduled survey date, it may postpone the survey, without financial penalty, only when one or more of the following events happen:
- A natural disaster or another major unforeseen event occurs that totally or substantially disrupts operations;
- The organization is involved in a major strike, has ceased admitting clients and is transferring individuals served to other facilities;
- Clients, the organization, or both are being moved to another building during the scheduled survey; or
- The Joint Commission has provided less than four weeks advanced notice to the organization (by telephone or in writing) of the survey date.

If none of these criteria are met and the organization wishes to postpone its survey, at the discretion of the Joint Commission, the survey may be postponed for a fee equivalent to the base fee of the survey.

Role of the Account Representative
The Joint Commission assigns an account representative to each behavioral health care organization. This person serves as the primary contact between the organization and the Joint Commission. He or she coordinates survey planning and covers policies, procedures, accreditation issues or services, and inquiries throughout the accreditation cycle. The surveyor and/or account representative will work with the organization to customize its survey agenda to reflect its unique structure and characteristics. The surveyor and/or account representative makes the most efficient use of staff and surveyor time during the
survey.

The Standards Manual

The Joint Commission’s CAMBHC is the place to begin when preparing for accreditation. Even if you do not pursue accreditation right away, this manual is an excellent tool to help your organization become organized and established. The CAMBHC contains functional standards that are organized around the way care is provided in an behavioral health setting. The CAMBHC contains standards applicability tables, so you can easily determine which standards apply to your specific setting, programs, services, and population. (If your organization provides services other than behavioral health care, the Joint Commission will work with you to determine which standards from other accreditation manuals may be applied. For example, if a behavioral health organization provides ambulatory physical health services, the Joint Commission tailors the survey to include the appropriate standards from the Comprehensive Accreditation Manual for Ambulatory Services.) The standards address client-focused performance and are organized around functions and processes, both clinical and organizational, common to all behavioral health care organizations.

The CAMBHC is designed for use in self-assessment activities and is the basis for an accreditation survey. The standards manual is divided into two sections: client-focused functions and organization functions.

Client-Focused Functions
The client-focused section includes chapters on Client Rights, Provision of Care, Medication Management and Infection Control.

Ethics, Rights, and Responsibilities
These standards address issues such as promoting consideration of the client's values; informing clients of their responsibilities in the care process; and managing business practices in an ethical manner. Standards regarding client rights with respect to informed consent, resolution of complaints and confidentiality are included.

Provision of Care, Treatment, and Services
This chapter addresses assessment of clients, education of client and family, direct client care, monitoring and determining the outcomes of care, and coordination of follow-up care. These standards cover assessment, care, treatment, and services, and follow-up.

Medication Management
These standards address medication use, including availability, prescribing or ordering, preparation and dispensing, administration and monitoring of effect. An organization may provide all, some, or none of these medication processes, based on its mission, scope of services, and population(s) served.

Surveillance, Prevention, and Control of Infection
These standards address how the behavioral health provider identifies and reduces the risk of acquiring and transmitting infections. Areas covered include case findings and how infections are reported.
Organization Functions
This section of the CAMBHC includes chapters on Performance Improvement; Leadership; Environment of Care; Human Resources; Information Management.

Improving Organization Performance
These standards focus on how well a behavioral health provider designs processes; measures its performance; assesses its performance; and, ultimately, improves its performance. Examples of improvement efforts include designing a new service; flowcharting a clinical process; measuring outcomes; comparing performance with other like organizations; and selecting areas for priority attention.

Leadership
Effective leadership depends on the performance of the following processes:

- **Governance**: The framework for supporting quality client care, treatment and services;
- **Management**: Creating an environment that enables an organization to fulfill its mission and meet or exceed its goals; providing a well-managed organization with clear lines of responsibility and accountability;
- **Planning, designing, and providing services**: A mission that provides organization, direction, and appropriate staffing; communicating objectives and coordinating efforts;
- **Improving safety and quality of care**: Leadership that is ultimately responsible for the safety of all clients and staff; ensuring a process is in place to measure, assess, and improve the organization's governance, management, clinical, and support.

Management of the Environment of Care
These standards measure how well a safe, functional and effective environment for clients, staff, and other individuals in the organization is being maintained. The following areas are addressed: emergency preparedness, security, safety, life safety, equipment, utility systems, hazardous materials and waste management.

Management of Human Resources
This chapter includes sections on human resources planning; orientation, training and education of staff; competence assessment; credentialing practitioners; and assigning clinical responsibilities.

Management of Information
These standards address how well the behavioral health provider obtains, manages and uses information to provide, coordinate and integrate services. The principles of good information management apply to all methods, whether paper-based or electronic and Joint Commission standards are equally compatible with either method. The chapter is divided into six sections:

- Information Management Planning,
- Confidentiality and Security,
- Information Management Processes,
- Information-Based Decision Making,
- Knowledge-Based Information,
- Clinical Data and Information.
National Patient Safety Goals

The Joint Commission issues a set of National Patient Safety Goals and Recommendations each year. Aggregate data on achievement of the goals are made public each year.

For each of the National Patient Safety Goals, the Joint Commission has released evidence-based recommendations to help behavioral health organizations reduce specific types of errors. Accredited organizations that provide care relevant to the goals will be evaluated for compliance with the recommendations or implementation of acceptable alternatives. The current goals and frequently asked questions about the National Patient Safety Goals can be found on the Joint Commission web site, www.jointcommission.org.

The On-Site Survey

The purpose of a Joint Commission accreditation survey is to assess the extent of an organization’s compliance with applicable Joint Commission standards. Organizations undergoing their first survey need to demonstrate a track record of **four months** of compliance with the standards. Organizations being resurveyed need to demonstrate **twelve months** of compliance with the standards. Understanding the organization and assessing compliance is accomplished through a number of methods including the following:

- receipt of verbal information concerning implementation of standards, or examples of their implementation, enabling analysis of compliance;
- observation of services;
- observation of service planning process;
- consumer, client and family interviews;
- review of additional records, as needed;
- staff-level interaction;
  - performance measurement;
  - daily roles and responsibilities
  - training and orientation;
- review of policies and procedures as needed.

Priority Focus Process

Priority Focus is a component of the on-site survey process that will allow surveyors to customize the survey process to each organization. Organizations will find the Priority Focus Process to be information driven, and to be focused on their specific performance.

Data sources that will contribute to the Priority Focus Process include:

- Previous requirements for improvement from past surveys
- Plan of Action from the Periodic Performance Review (see below)
- Data from the completed Application for Accreditation
- Complaints about the organization (if any) received by Joint Commission’s Office of Quality Monitoring
(Priority focus for initial organizations is done, although the data set from which to pull information is limited, basically to data from the application for accreditation completed by the organization.)

**Tracer Methodology**

Tracer Methodology is another component of the on-site survey that makes the client care experience the ‘table of contents’ to assess standards compliance. The surveyor(s) will select clients from an active client list to ‘trace’ their experience throughout the organization.

The surveyor(s) will follow the client’s experience of care, treatment and services. This type of review is designed to uncover systems issues, looking at both the individual components of an organization, and how the components interact to provide safe and quality client care.

The number of clients followed under the Tracer Methodology will depend on the size and complexity of the organization, and the length of the on-site survey. In addition to client tracers, when time permits, surveyors also use the tracer methodology to assess key organizational activities appropriate to the setting or services.

**Periodic Performance Review**

The Periodic Performance Review (PPR) is a key component in the more continuous accreditation process. It is designed to help organizations incorporate Joint Commission standards as part of routine operations and ongoing quality improvement efforts. An accredited organization has access to its PPR tool on a continuous basis throughout its accreditation cycle. The PPR tool becomes available to organizations seeking accreditation for the first time once they have submitted their application and deposit (see page 28), but submission of the PPR to the Joint Commission is not required prior to an initial accreditation.

The PPR tool permits the organization to self-assess compliance with all applicable standards and Elements of Performance. For every noncompliant standard, the organization must identify a plan of action at the Elements of Performance level which shows how it plans to come into compliance with the requirement(s). This plan must include a Measure of Success, if applicable, for each Element of Performance within a standard that is identified as not compliant and that requires a Measure of Success. The Measure of Success is a numeric or other quantitative measure, usually related to an audit, that can help determine whether a planned action was effective and sustained.

An organization is required to submit an annual update of its Periodic Performance Review to the Joint Commission. The evaluation and plan of action must be completed electronically on the organization’s secure extranet and transmitted to the Joint Commission by its annual due date. Following receipt of the evaluation and plan of action (if it requested by the organization), staff from the Joint Commission’s Standards Interpretation Group schedule a telephone call with the organization to discuss and agree upon an acceptable plan of action. The timeline for the Periodic Performance Review is such that the organization should have sufficient time to implement the actions identified in the plan of action. The track record will be based on the plan of action implementation date.
## Sample Survey Agenda

### DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Surveyor Arrival and Preliminary Planning Session</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 9:00 a.m.</td>
<td>Review the Priority Focus Process information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review the Periodic Performance Review and Plan(s) of Action (not applicable for initial surveys)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quick overview of the Statement of Conditions (SOC) and Plans for Improvement (PFI) if applicable (24-hour care settings, not including foster homes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review list of eligible contracts*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review list of current clients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of performance improvement and infection control data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Select clients for individual tracer activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan and confirm agenda activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Opening Conference and Orientation to Organization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:00 a.m.</td>
<td>Introductions: Joint Commission surveyor(s) and key management staff.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surveyor(s) will request the following materials for the Planning Meeting:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>List of active clients (by service/program) with name, address and diagnosis/condition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High-level organization chart</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identification of governance membership by background and consumer/non-consumer status, if applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periodic Performance Review and Plan(s) of Action (not applicable for initial surveys)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>List of eligible contracts (direct services)*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Environment of care management plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policies/procedures for credentialing and assignment of clinical responsibilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performance improvement data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infection control data</td>
<td></td>
</tr>
</tbody>
</table>

**Orientation to behavioral health care organization**
A high-level orientation to the organization (vision, mission, community, populations served, etc.)

*Services or programs affected by your organization but a contracted service or program.

<table>
<thead>
<tr>
<th>Time</th>
<th>Continued Surveyor Planning Session</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 – 11:30 a.m.</td>
<td>Life Safety Code® Building Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Please Note:</strong> If the Life Safety Code® Building Assessment is not required, an additional Individual Tracer Activity is substituted.</td>
<td></td>
</tr>
<tr>
<td>11:30 a.m. – 12:30 p.m.</td>
<td>Surveyor Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Individual Tracer Activity

Tracers will include:
- Observation of direct client care, treatment or services
- Observation of medication process (storage or administration), if applicable
- Observation of Environment of Care
- Performance improvement discussion at the staff level
- Review of open clinical/case records
- Staff discussion
- Review of policies, as needed
- Education, as applicable

Tracers may include:
- Client interview
- Review of closed clinical/case records
- Program/service visits
- Attend team meeting, if applicable

### Special Issue Resolution

### Surveyor Team Meeting / Planning Session

### DAY 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Daily Briefing</td>
</tr>
<tr>
<td>8:30 – 9:30 a.m.</td>
<td>Individual Based System Tracer – Data Use</td>
</tr>
<tr>
<td></td>
<td>Discussion with staff regarding the use of data for improvement purposes</td>
</tr>
<tr>
<td>9:30 a.m. – 12:00 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td>12:00 – 12:30 p.m.</td>
<td>Surveyor Lunch</td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Surveyor Team Meeting</td>
</tr>
<tr>
<td>1:00 – 3:30 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td>3:30 – 4:00 p.m.</td>
<td>Special Issue Resolution</td>
</tr>
<tr>
<td>4:00 – 4:30 p.m.</td>
<td>Surveyor Team Meeting / Planning Session</td>
</tr>
</tbody>
</table>
### DAY 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 9:00 a.m.</td>
<td>Leadership Session</td>
</tr>
<tr>
<td></td>
<td>• Discussion of critical systems analysis exploration – Leadership probes on some of the critical processes</td>
</tr>
<tr>
<td></td>
<td>• Review of Periodic Performance Review Plans of Action (not applicable for initial surveys)</td>
</tr>
<tr>
<td></td>
<td>• Discussion of organization-wide performance improvement activities as appropriate to type and scope of services/programs</td>
</tr>
<tr>
<td>9:00 – 11:30 a.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td>11:30 a.m. - 12:30 p.m.</td>
<td>Environment of Care Session</td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Surveyor Lunch</td>
</tr>
<tr>
<td>1:00 – 2:00 p.m.</td>
<td>Competence Assessment Process</td>
</tr>
<tr>
<td></td>
<td>• Selected records will include behavioral health care professionals identified through tracer activities</td>
</tr>
<tr>
<td></td>
<td>• Contract staff will be included in applicable</td>
</tr>
<tr>
<td>2:00 – 3:30 p.m.</td>
<td>Surveyor Preparation of Findings</td>
</tr>
<tr>
<td>3:30 – 4:30 p.m.</td>
<td>CEO Exit Briefing and Organization Exit Conference</td>
</tr>
</tbody>
</table>

### Information Needed for the Preliminary Planning Session and Survey Planning Meeting

- Performance Improvement Data from the past 12 months
- Infection Control surveillance data from the past 12 months
- Environment of Care data as follows:
  - Statement of Conditions (SOC) and Plans for Improvement, (24-hour care setting, not including foster homes.)
  - Management Plans and annual evaluations, if applicable
  - Environment of Care multidisciplinary team meeting minutes for the 12 months prior to survey, if applicable
- An organization chart
- A map of the organization, if available
- List of areas/programs/services within the organization, if applicable
- Any reports or lists of clients (e.g., appointment schedule) that will help in identifying individuals to trace
- Name of key contact person who can assist surveyors in planning tracer selection

*For further details on foster care accreditation, see appendix C.*
Scoring Guidelines and Decision Rules

Background
Standards are formatted to include the following components:

Standard: A statement that defines the performance expectations and/or structures, or processes that must be in place in order for an organization to provide safe, high quality care, treatment and services. An organization is either “compliant” or “not compliant” with a standard.

Rationale: A statement that provides background, justification, or additional information about a standard. A standard’s rationale is not scored. In some instances, the rationale for a standard is self-evident. Therefore, not every standard has a written rationale.

Element of Performance (EP): The specific performance expectations and/or structures or processes that must be in place in order for an organization to provide safe, high-quality care, treatment, and services. The scoring of EP compliance determines an organization’s overall compliance with a standard.

Elements of Performance are evaluated on the following scale:
- 0=Insufficient compliance
- 1=Partial compliance
- 2=Satisfactory compliance
- NA=Not applicable

Scoring Elements of Performance
Scoring guidelines have been developed to support Elements of Performance scoring decisions. Elements of Performance have been grouped into three scoring criterion categories:

Category A. These Elements of Performance usually relate to structural requirements (for example, policies, plans) that either exist or do not exist. They can be scored either 0 or 2, unless the track record is deficient. (The track record is the amount of time that an organization has been in compliance with a standard element of performance or other requirement). In this instance, to get a score 1, an organization has a track record of 6 to 11 months (2 to 3 months for initial surveys). To get a score 2, the organization needs a track record of 12 months or more (4 months or more for initial surveys).

Category B. These Elements of Performance may be structural or process requirements but also have a qualitative component. They can be scored either 0 or 2, but score 1 (partial compliance) is also possible. In some instances, the quality, adequacy, or comprehensiveness of the compliance may need to be evaluated. In these instances, the organization must demonstrate that it has considered the principles of good process design (as outlined in the standards).

Good process design
- is consistent with the organization’s mission, values, and goals;
- meets the needs of clients;
- reflects the use of currently accepted practices (doing the right thing, using resources responsibly, using practice guidelines);
- incorporates current safety information and knowledge such as sentinel event data and National Patient Safety Goals;
- incorporates relevant performance improvement results; and
- meets all components of the Elements of Performance.
The organization also needs to have the following track record:

<table>
<thead>
<tr>
<th>Score</th>
<th>Initial Survey</th>
<th>Full Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4 months or more</td>
<td>12 months or more</td>
</tr>
<tr>
<td>1</td>
<td>2 to 3 months</td>
<td>6 to 11 months</td>
</tr>
<tr>
<td>0</td>
<td>&lt;2 months</td>
<td>&lt;6 months</td>
</tr>
</tbody>
</table>

Use these rules to determine the Elements of Performance score:

- **The Elements of Performance score is 2** if the organization considered all applicable principles above and meets the track record requirements above for score 2.
- **The Elements of Performance score is 1** if the organization considered only some of the applicable principles above and/or meets the track record requirements above for score 1.
- **The Elements of Performance score is 0** if the organization did not consider any of the applicable principles above and/or meets the track record requirements above for score 0.

**Category C.** These EPs are scored based on the number of times the organization does not meet the particular EP (for example, something is only partially implemented, misses a frequency requirement, or is not applied in all cases).

**Standards Compliance**

The following rules are used to determine compliance with the standard:

- The standard is not compliant if any Elements of Performance is scored 0.
- The standard is compliant if 65% or more of the Elements of Performance are scored 2.

**Accreditation Decision**

An organization is accredited unless the number of non-compliant standards at the time of survey is three standard deviations above the mean number of recommendations for all behavioral health care organizations.

**Post Survey Evidence of Standards Compliance**

When requirements for improvement result from the on-site survey, an Evidence of Standards Compliance (ESC) report is submitted by organizations within 45 days of the survey. This report describes the actions the organization took (not planning to take) to bring itself into compliance with the standard or clarifies why the organization believes it was in compliance with the standard at the time of survey. An Evidence of Standards Compliance must address compliance at the Elements of Performance level.

Some Elements of Performances will also require that organizations include a Measure of Success (MOS) in the Evidence of Standards Compliance. A Measure of Success is a numerical or quantifiable measure, usually related to an audit, that determines if an action was effective and is being sustained. In the initial Evidence of Standards Compliance submission, an organization will identify its target Measure of Success.
Behavioral Health Care Survey and Accreditation Process Guide

Four months after the Evidence of Standards Compliance is approved, the organization submits aggregate data demonstrating evidence of compliance.

Measures of Success are evaluated as follows: performance in the 90-100% range (score of 2); performance in the 80-89% range (score of 1); performance at 79% or below (score of 0).

Preparation Timeline

Organizations Requesting a First Survey

<table>
<thead>
<tr>
<th>Joint Commission Activity</th>
<th>Your Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6 months before preferred month of survey</td>
<td>Call 630/792-5771 to obtain an Application for Accreditation.</td>
</tr>
<tr>
<td>Upon receipt of your call</td>
<td>Letter providing access to the Electronic Application for Accreditation is mailed.</td>
</tr>
<tr>
<td></td>
<td>Staff member(s) with knowledge of your organization's services/programs, sites, and client volume should complete and return the Application for Accreditation with a $1,700 deposit for Initial survey/$1,000 for Opioid Treatment Program Initial Survey that is applied to your accreditation fees.</td>
</tr>
<tr>
<td>Upon receipt of your Application for Accreditation and deposit</td>
<td>You are assigned an Account Representative.</td>
</tr>
<tr>
<td></td>
<td>You will be mailed a complimentary copy of the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC).</td>
</tr>
<tr>
<td></td>
<td>You are given access to a complimentary 6-month online subscription to Perspectives: The Official Newsletter of the Joint Commission.</td>
</tr>
<tr>
<td></td>
<td>You are given access to the Periodic Performance Review tool.</td>
</tr>
</tbody>
</table>
### All Organizations Requesting Accreditation

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Joint Commission Activity</th>
<th>Your Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anually</td>
<td>Invoice for annual fee is posted in January.</td>
<td>Organization updates data contained in its Application for Accreditation.</td>
</tr>
<tr>
<td>Survey</td>
<td>Surveyor(s) arrives for on-site survey. At the conclusion of the survey, you receive a copy of the preliminary report, which details partial or non-compliant areas that need to be addressed.</td>
<td>During the survey, staff should be available as outlined on the survey agenda.</td>
</tr>
<tr>
<td>2 days – 20 days after survey</td>
<td>Final report is posted on your organization’s extranet site. An email is sent to alert your organization that the final report has been posted. Invoice for on-site fee is posted.</td>
<td></td>
</tr>
<tr>
<td>2 weeks after final report is posted</td>
<td>Your organization’s description, contact information, accreditation decision, and status is updated for public viewing on the Joint Commission Web site at <a href="http://www.jointcommission.org">www.jointcommission.org</a> via QualityCheck®.</td>
<td></td>
</tr>
<tr>
<td>Within 45 days after final report is posted</td>
<td>Joint Commission reviews and approves your Evidence of Standards Compliance.</td>
<td>For any standards scored as partial or non-compliant, you submit your Evidence of Standards Compliance to Joint Commission, which identifies measures of success you will track over the next four months to show compliance.</td>
</tr>
<tr>
<td>6–8 weeks after the final accreditation decision</td>
<td>The Quality Report further expands on the information already available on QualityCheck®. It contains summary information about an organization’s performance relating specifically to Joint Commission standards. Comparative information from similar surveyed organizations is also provided.</td>
<td>The Quality Report is not released until all issues subject to review and/or revision have been resolved. You will receive a copy of the Quality Report for review, which includes an opportunity to submit a commentary about the Quality Report, prior to its being released to the public. For additional information about Quality Reports, see the “Quality Report” chapter in the CAMBHC.</td>
</tr>
<tr>
<td>Six months after the accreditation decision</td>
<td>You submit data to support measures of success for partial or non-compliant standards from your Evidence of Standards Compliance.</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>Each accredited organization is mailed one copy of the Perspectives newsletter, which is the official source for updates to standards, policies, and procedures. (Also available online)</td>
<td>Staff should review all changes featured in Perspectives to keep abreast of changes and developments in the standards and survey process.</td>
</tr>
<tr>
<td>Annually</td>
<td>The Periodic Performance Review (PPR) a self-assessment form is completed by the organization and submitted to the Joint Commission. Complimentary consultation with the Joint Commission’s Standards Interpretation Group is available.</td>
<td></td>
</tr>
</tbody>
</table>
Twice annually  Standards updates sent to each accredited organization.  Staff should review the updates to act on new and modified standards and elements of performance, scoring guidelines, policies, and procedures.

Within 30 days of any significant organizational changes (as defined in the CAMBHC)  An organization update form for this purpose can be found on the organization’s extranet site. A decision about appropriate follow-up will be made based upon the type and extent of the change. The organization must notify Joint Commission (via letter, fax, or e-mail) of any significant change in the organization (as defined in the “Official Accreditation Policies and Procedures” chapter in the CAMBHC).

9–30 months between triennial surveys  Each year, a randomly selected 5% sample of all accredited organizations will undergo an unannounced survey based on a select set of standards. The intent of this unannounced survey process is to ensure that organizations are compliant with the standards throughout the entire accreditation cycle. Organizations that remain in compliance with the standards throughout the accreditation cycle will be prepared for a random unannounced survey. There is no charge to organizations for this type of survey.

Notifying the Public About Accreditation

An accredited organization is required to demonstrate how it notifies its public that quality and safety concerns can be communicated to the Joint Commission. The organization may notify the public by posting an accreditation certificate, posting information on its web site and/or in client admission brochures, or by using any other effective means of its choice.

Survey Scheduling, Postponements and Delays

Schedule for Initial Surveys

The Joint Commission schedules surveys systematically and efficiently to keep accreditation fees to a minimum. Therefore, organizations are encouraged to accept scheduled survey dates. Initial surveys, that is, an organization’s first full accreditation survey, must be scheduled within six months from the time the Joint Commission receives the organization’s Application for Accreditation. The organization indicates in the application the month requested for the on-site survey.

The Joint Commission tries to honor specifically requested dates during which an organization prefers not to be surveyed. The organization should include specific dates with the completed Application for Accreditation, whenever possible. There may, however, be circumstances that prevent the Joint Commission from accommodating these dates.
Behavioral Health Care Survey and Accreditation Process Guide

Definition of Postponements and Delays
The Joint Commission also provides for the postponement or delay of initial surveys. A postponement is an organization’s request to alter an already-scheduled survey date. A delay is an organization’s request to push back the survey date before it is actually scheduled. An organization should direct a request for a postponement or delay to its Account Representative.

Length of Postponement or Delay
A survey ordinarily may be postponed or delayed for no more than six months. For an organization due for resurvey, the Joint Commission will conduct an on-site extension survey if the original survey is postponed or delayed for more than six months.

Timeliness of Application and Deposits
The Joint Commission requires an organization to submit a new Application for Accreditation if the organization does not accept a scheduled survey within six months. This assures that the organization’s information is current.

Promoting Your Accreditation

Once you have achieved accredited status, you should promote that status to the public, third-party payers, and client referral sources. Every accredited organization has access to a publicity kit that contains
- suggestions for publicly celebrating your accreditation,
- sample news releases and other publicity guidelines,
- information on ready-made promotional materials you can purchase, and
- guidelines for use of the Joint Commission Gold Seal of Approval™, and instructions for downloading artwork.

It is highly recommended, as your printing budget allows, to include the Joint Commission’s Gold Seal of Approval on any items seen by the public, or your payers, including:
- Business cards
- Web site
- Building signs
- Invoices
- Stationery
- Advertising

Information about your accreditation status will be posted in QualityCheck™ on the Joint Commission web site. QualityCheck allows anyone to search for accredited organizations within a city or state, or by type of setting.
Appendix A

THE JOINT COMMISSION – SUPPORT SERVICES AND RESOURCES CURRENTLY AVAILABLE TO ACCREDITED BEHAVIORAL HEALTH CARE ORGANIZATIONS

The Joint Commission offers behavioral health care organizations a comprehensive body of standards to guide them in providing quality behavioral health care services and in performance improvement. Compliance with these standards is assessed during onsite survey visits generally occurring every three years, and through annual Periodic Performance Reviews. Achieving accreditation validates the high caliber of the services the organization provides and clearly indicates to customers that the organization is quality-driven and has exceeded the “minimal standards” imposed by regulatory agencies.

In addition to the standards and the accreditation survey, the Joint Commission also offers accredited organizations a variety of support services on a continual basis. A list of Joint Commission Behavioral Health Care contacts is on page 2 because the expert knowledge of our dedicated staff is the greatest resource the Joint Commission offers to customers.

A summary of some of Joint Commission’s Behavioral Health Care support services and resources appears in the following matrix:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Cost</th>
<th>Contact</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards Interpretation Group (SIG)</td>
<td>Expert behavioral health care professionals available by phone, mail or e-mail to assist organizations in interpreting the standards and in offering advice about successfully meeting the intent of the standards.</td>
<td>No charge</td>
<td>Call 630-792-5900 or complete a standard form on-line</td>
<td>SIG also includes engineers who are experts in risk management and physical environment safety and are available to advise organizations about compliance with the Environment of Care standards.</td>
</tr>
<tr>
<td>The Joint Commission Web Site</td>
<td>Available online via the Internet, this site offers a wealth of information for behavioral healthcare providers, consumers and others. Offerings include: quality updates, standards clarifications, advice about compliance with frequently scored standards, and information about “what’s new” at the Joint Commission.</td>
<td>No charge</td>
<td><a href="http://www.jointcommission.org">www.jointcommission.org</a></td>
<td>The standards interpretation form is available on this site. The site also offers valuable links to other web sites.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Fee</td>
<td>Contact Information</td>
<td>Additional Information</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>“Quality Check”</strong></td>
<td>Available online and by telephone, this service allows individuals needing a Behavioral Health Care provider to search for Joint Commission accredited organizations by name and/or geographic location.</td>
<td>No charge</td>
<td>Online at <a href="http://www.jointcommission.org">www.jointcommission.org</a> or call customer service at 630-792-5800</td>
<td>“Quality Check” demonstrates to your current and future customers that you are a quality-driven, accredited Behavioral Health Care provider.</td>
</tr>
<tr>
<td><strong>Helping You Choose..Quality Behavioral Health</strong></td>
<td>Members of the public often contact Joint Commission for advice about selecting quality behavioral health care providers. “Helping You Choose” brochures are sent to these individuals to help them assess and evaluate quality providers.</td>
<td>No charge</td>
<td>Call customer service at 630-792-5800</td>
<td>Also request these brochures online at <a href="http://www.jointcommission.org">www.jointcommission.org</a> or by mail addressed to The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181.</td>
</tr>
<tr>
<td><strong>Joint Commission Perspectives</strong></td>
<td>The Joint Commission’s official newsletter. This publication is published monthly and mailed to all accredited organizations to advise them about the Joint Commission initiatives, policy changes, and news updates.</td>
<td>No charge to accredited organizations</td>
<td>Automatically mailed (electronically or print version) to all accredited organizations.</td>
<td>Additional copies of Perspectives may be purchased by calling 1-800-346-0085 ext. 558 or online at <a href="http://www.jcrinc.com">www.jcrinc.com</a>. Each year Perspectives publishes information about the standards that are most frequently scored as “non-compliant” for each accreditation program.</td>
</tr>
<tr>
<td><strong>The Inside Perspective</strong></td>
<td>Joint Commission’s monthly news brief</td>
<td>No charge to accredited organizations</td>
<td>Automatically faxed to all accredited organizations.</td>
<td>Also available online at <a href="http://www.jointcommission.org">www.jointcommission.org</a> or call 630-792-5800.</td>
</tr>
<tr>
<td><strong>BHC News</strong></td>
<td>Published four times/year to address the unique concerns of Behavioral Health Care providers. Articles may include behavioral health care news and quality updates, compliance advice and educational resource information.</td>
<td>No charge to accredited organizations</td>
<td>Automatically emailed to registered organizations. To sign up to receive the newsletter online, go to <a href="http://www.jointcommission.org">www.jointcommission.org</a>.</td>
<td>Call 630-792-5800 for more information.</td>
</tr>
<tr>
<td><strong>Behavioral Health Care Teleconferences</strong></td>
<td>Complimentary teleconferences providing overviews of accreditation, with time for questions.</td>
<td>No charge</td>
<td>To register, call 630-792-5825, or email <a href="mailto:aquartz@jointcommission.org">aquartz@jointcommission.org</a>.</td>
<td>Gives multiple staff an opportunity to ask questions of the experts in preparing for survey.</td>
</tr>
<tr>
<td><strong>Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)</strong></td>
<td>The CAMBHC is the heart of the Joint Commission’s behavioral health care accreditation program. It includes information about accreditation participation, all of the Behavioral Health Care Standards, a glossary, Standards Applicability Tables and more.</td>
<td>No charge, included in the request for accreditation fee.</td>
<td>One copy of the Manual is sent when you first apply for accreditation. Updates are automatically mailed to accredited organizations at no extra charge twice a year.</td>
<td>Additional copies of the Manual may be purchased by calling 1-877-223-6866 or online at <a href="http://www.jcrinc.com">www.jcrinc.com</a>. An automated version of the manual is also available for purchase. In addition, a handy “abridged” version (standards and elements of performance only) is available for a reduced fee.</td>
</tr>
<tr>
<td><strong>Survey And Accreditation Process Guide</strong></td>
<td>The Survey &amp; Accreditation Process Guide is a handy reference designed to help organizations apply for and prepare for accreditation.</td>
<td>No charge, included in the Application for Accreditation.</td>
<td>For initial surveys call 630-792-5411. For resurveys call 630-792-3007 or your Account Representative.</td>
<td>This guide is automatically sent to behavioral health care organizations that ask for an application for accreditation.</td>
</tr>
<tr>
<td><strong>Office of Government Relations</strong></td>
<td>Joint Commission representatives work closely with federal and state legislative representatives regarding behavioral healthcare regulation and legislation to promote the quality and safety of the services the public receives.</td>
<td>No charge</td>
<td>For federal legislation call the Joint Commission’s Washington office at: 202-783-6655. For state legislation call: 630-792-5260 or 630-792-5261.</td>
<td>For more information about the Joint Commission’s government relations see the Joint Commission’s web page at <a href="http://www.jointcommission.org">www.jointcommission.org</a></td>
</tr>
<tr>
<td><strong>Behavioral Health Care Professional And Technical Advisory Committee</strong></td>
<td>The Committee advises the Joint Commission on standards development. It includes representatives from Behavioral Health Care national trade and professional associations and customers. This advisory committee two to three times per year.</td>
<td>No charge. The composition of the Committee determined by the Joint Commission Board of Commissioners.</td>
<td>Call 630-792-5411 or 630-792-5771 for information about Committee members or activities.</td>
<td>The Joint Commission solicits input from its’ customers via the committees. In addition, every year a “Liaison Network” is convened to promote communication and enhance the accreditation process</td>
</tr>
<tr>
<td><strong>The Ernest Amory Codman Award</strong></td>
<td>The Joint Commission recognizes outstanding achievements in quality and performance improvement by granting annual Codman awards.</td>
<td>Application fee.</td>
<td>Call customer service at 630-792-5800. The application deadline is in February each year.</td>
<td>All organizations applying for a Codman award receive a peer-reviewed evaluation of their performance improvement initiative.</td>
</tr>
<tr>
<td>Joint Commission Resources Educational Programs</td>
<td>Joint Commission Resources (JCR) offers a variety of behavioral health care educational programs in various locations throughout the year.</td>
<td>Varies per program.</td>
<td>Call 1-877-223-6866 for specific program information or register online at <a href="http://www.jcrinc.com">www.jcrinc.com</a>.</td>
<td>Also, look for Joint Commission participation at various trade shows and professional society meetings throughout the year.</td>
</tr>
<tr>
<td>Joint Commission Resources Multimedia Publications and Products</td>
<td>Joint Commission Resources (JCR) sells a variety of helpful and authoritative publications and multi-media products to assist behavioral health care organizations to: improve processes, promote care, enhance quality and demonstrate standards compliance.</td>
<td>Varies per service requested.</td>
<td>Visit JCR online at <a href="http://www.jcrinc.com">www.jcrinc.com</a> or call 630-268-7400.</td>
<td>JCR also offers international accreditation services.</td>
</tr>
</tbody>
</table>
| Joint Commission Satellite Network (JCSN) | JCSN is a “distance education” option that allows participants to interact with “live” satellite, educational program broadcasts. JCSN delivers award-winning programs to healthcare providers in many fields. | Varies with the services selected. | Contact JCSN Territory Manager or an Education Consultant at 1-800-711-6549 for:  
- Sales  
- Renewals  
- Implementations  
- Service  
- Broadcast Schedule | Programs can be taped and used for internal education purposes. |
| Joint Commission Speaker's Bureau | Joint Commission Speakers Bureau offer qualified speakers on a variety of topics related to Joint Commission accreditation, performance measurement, quality improvement, etc. | Varies with request, generally the standard fee for a speaker is $1000 plus travel and expenses. | Call 630-792-5633 for more information. Also see the Joint Commission’s web page at www.jointcommission.org. | To match the best speaker with the program we recommend the requester contact the Joint Commission as early as possible—at least eight weeks before the scheduled event. |
| Speak Up! Brochures | The content of this brochure provides simple advice on how you, as the client, can make your care a positive experience. It's available for a variety of health care settings. | The Speak Up brochure is available by accreditation program, in three formats: | Call customer service at 630-792-5800 | Also request these brochures online at www.jointcommission.org or by mail addressed to The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181. |
Appendix B: Survey Fees

The Joint Commission utilizes subscription billing for all programs, except opioid treatment providers. For all accredited programs, the subscription approach involves an annual billing at a base rate and the assessment of an add-on fee to cover survey-related costs when an on-site survey is conducted. The use of an annual fee subscription approach is more consistent with the continuous nature of the Joint Commission’s current accreditation process.

The non-refundable annual fee is assessed on each accredited organization and is due each January. The annual fee for an organization is determined based on the organization’s size and complexity. The annual fee for an organization applying for accreditation for the first time will be prorated, based on the quarter in which the application for accreditation and deposit is submitted.

In addition to annual fees, organizations are billed an on-site survey fee after the survey has been performed. The on-site survey fee, which is designed to cover the costs of performing a survey, is due upon receipt. Other types of surveys, such as conditional follow-up surveys and PPR surveys, are charged separately once the event has occurred.

A nonrefundable, non-transferable survey deposit of $1,700 ($1,000 for opioid treatment programs) is required for initial surveys only. The Joint Commission applies the deposit to the organization’s accreditation fee when the survey is conducted within six months of receipt.

To calculate an estimate of your accreditation fees, please request the Accreditation Fees for Behavioral Health Care sheet, or call 630-792-5115.
Appendix C: Foster Care

It is necessary to visit families caring for children in foster care to assess the safety and the quality of the care available to foster children. At a minimum, home visits include the following elements:

- Observation of care.
- Assessment of environmental safety issues in foster homes.

Selection of Foster Families for Home Visits:
Home visits to current foster children/youth will be conducted by a surveyor(s). Generally, each surveyor will conduct two to three home visits on each day of the survey except for the last day of the survey. In preparation for the home visits, the organization needs to select 10% of their current foster children/youth who live approximately 30 minutes or less travel time from each foster care office/site (small foster care programs should select at least twelve homes total). The selected 10% will be informed by the organization that Joint Commission surveyor(s) may be conducting a home visit in their residence to observe care and service and to conduct interviews with the caregiver(s) and the children/youth involved in the foster care program.

At the time of the survey, each surveyor will generally select one case manager per survey day responsible for two to three foster homes in the identified selection group. The selected case manager(s) will be asked to confirm appointments and to travel with the surveyor on the home visits.

In organizations whose primary mission is foster care, more visits will be appropriate.

The organization is asked to obtain verbal permission for the home visit from the foster parent in advance. At the time of the actual visit the organization is asked to obtain written permission for surveyors to visit the foster home. Please refer to page 33 for an example of a form that organizations may choose to use for this purpose.

Joint Commission Visits to Foster Care Homes
Generally, a home visit lasts 20 to 30 minutes. The organization needs to confirm that the foster child/youth will be at home with one or both caregivers at the time designated by the surveyor(s) and the organization. The designated time is preferably after school or other day programs.

The organization explains in detail the Joint Commission survey process to the foster parents and foster children, including an explanation of the interviews that will take place with the foster care parents and children/youth.

1A group meeting of foster parents is substituted for one day of home visits. The case manager for the foster child/youth should accompany the surveyor during the home visit, as well as other representatives as determined by the organization. The surveyor will generally conduct the home visit towards mid-afternoon or early evening and will not return to the organization until the next survey day.
Behavioral Health Care Survey and Accreditation Process Guide

General Information about Foster Care Home Visits:

A staff member from the agency (preferably the designated case worker) accompanies the surveyor to the home visit. In order to maximize productive survey time, the surveyor should ride with a staff member/case worker to home visits.

Generally, the surveyor will review the child’s case file and the foster family’s file before the home visit.

During the home visit, the surveyor may ask to see the foster family’s license, medication logs (if appropriate) and foster parent’s manual if available.

Meeting Between Foster Parents and Joint Commission Surveyors

The Joint Commission requires an organization with foster care services/programs to provide opportunities during an initial or triennial survey for the presentation of information by foster parents. This will be accomplished via visits to the foster homes to interview the foster parents and the foster children/youth. The Joint Commission requires a meeting between the foster parents and the surveyor(s).

The expectation is that the meeting will include foster parents who are representative of all the foster care services the agency provides.²

The purpose of this meeting is to provide the surveyor with information about the foster parents' experiences in providing quality foster care. This is an informal meeting in which the surveyor(s) will learn about recruitment, licensing, and training processes; the preparation of the foster parents to meet the needs of children, in general, and the specific needs of the children placed in their homes; how the organization continues to support the foster parents and other issues related to foster care.

The foster parent/surveyor(s) meeting may be held any afternoon or evening of the survey (except for the last day). The organization is responsible for making the meeting arrangements and notifying each (all) foster parents of the exact date, time and place of the foster parents/surveyor(s) meeting. On pages 37 and 38 are examples of a notice of a meeting for foster parents permission for a foster home visit and the selection process for foster homes to be visited by the surveyor(s) during the survey.

If the organization holds a regularly scheduled meeting with foster parents for training, education, communication purposes, the surveyor will explore the possibility of using the regularly scheduled meeting to meet with the foster parents.

²The expectation is that the organization undergoing survey and the surveyor will make every effort to arrange a meeting of foster parents and surveyors as described here. If it is impossible to convene a foster parents meeting during survey, the surveyor will make arrangements with the organization to visit additional foster homes.
The organization is expected to provide a reasonable, accessible meeting location. Surveyor(s) conduct the meeting and receive the information. Representatives of the organization familiar with the organization's foster care services/programs and foster parents are expected to attend.

EXAMPLE

NOTICE:
MEETING FOR FOSTER PARENTS WITH JOINT COMMISSION SURVEYORS

The Joint Commission will conduct an accreditation survey of _______________________________(name of organization)
on _______________________________ (survey dates.)

The purpose of this survey will be to evaluate the organization's compliance with nationally established Joint Commission standards that evaluate foster care quality and safety issues. In order to accomplish this goal, the Joint Commission and your foster care organization invite you to attend a meeting of foster parents in order to meet the Joint Commission surveyor(s).

This meeting will assist Joint Commission surveyor(s) in learning about your experiences as a foster parent. This is an informal meeting in which the surveyor(s) will be interested in hearing from you about your recruitment, licensing, training experiences, the preparation that you received to prepare you for children being placed in your home, the quality of the support you receive and other issues related to foster care.

We hope that you will be able to attend this important meeting.

Date:____________________________

Time:____________________________

Location:__________________________

Contact person:_________________________ Phone number: _______________________

Please notify us is if you will be able to attend this meeting. Thank you.
EXAMPLE

PERMISSION FOR JOINT COMMISSION SURVEYOR(S) TO CONDUCT A FOSTER HOME VISIT

The Joint Commission will conduct an accreditation survey of ______________________________ (name of organization) on ______________________________ (survey dates.)

The purpose of this survey will be to evaluate the organization's compliance with nationally established Joint Commission standards that evaluate foster care quality and safety issues. In order to accomplish this goal, your permission is requested to permit Joint Commission surveyor(s) to visit your home to learn about your experiences as a foster family.

This is an informal visit in which the surveyor(s) will be interested in hearing from you about foster parent/foster family recruitment, licensing, training experiences, the preparation that you received to prepare you for children being placed in your home, the quality of the support you receive from the organization, and other issues related to foster care. If appropriate, the surveyor will also speak to the foster child/youth in order to learn about his/her experiences in foster care.

My signature below indicates that I have given permission for Joint Commission surveyor(s) to visit my home for the purpose of surveying compliance with Joint Commission foster care standards.

Signed: ___________________________________________ (foster parent)

Signed: ___________________________________________, ________________________________(title)

of_______________________________________________________________(name of organization)

Date:____________________
Appendix D

GLOSSARY

Addictions services/programs – Behavioral health care services/programs for the assessment and/or treatment/care of individuals with addictive behaviors, such as substance abuse, chemical dependency, gambling, etc.

Behavioral health – A broad array of mental health, foster care, chemical dependency, forensic, developmental disabilities, and cognitive rehabilitation services provided in settings such as acute, long term, and outpatient.

Care coordination – Assistance provided to clients or their authorized representatives in planning and organizing behavioral health and other relevant community resources. (Authorized means given legal power.)

Case management services – The ongoing provision of service aimed at assessing needs, linking community resources, and delivering flexible problem solving and crisis response (such as assertive community treatment, wrap-around services, and family preservation).

Community integration – Assistance in maintaining or moving toward independent community living.

Corrections services – Behavioral health care services provided in a correctional setting.

Crisis stabilization – A highly structured environment for individuals who require 24-hour registered nursing supervision and who may be incapable of self-preservation in case of an internal disaster. Crisis stabilization is typically characterized by a short length of stay with discharge or transfer to a hospital or community-based services.

Day treatment/intensive outpatient/partial hospitalization/adult day care services - An environment offering an organized day or night program of assessment, treatment, care, services, habilitation, or rehabilitation for individuals not requiring 24-hour care. For behavioral health, this may be a structured, ongoing program that typically meets 2 to 5 times a week for 2 to 5 hours per day.

Employment services – A formal or informal process of assisting the client in finding and/or maintaining employment as part of general care treatment or services being provided. This term is not synonymous with vocational rehabilitation.

Family preservation – Organizations providing and/or coordinating services for a child, youth, and the child or youth’s family with the goal of maintaining the child or youth in her or his family and/or community.

Family support – A family member assuming the role and responsibilities of a member of the client’s support team (for example, a job coach.)

Forensic services – Behavioral health care services provided by an order issued by the criminal or juvenile justice system.
**Behavioral Health Care Survey and Accreditation Process Guide**

**Foster care, traditional** – A living arrangement where a child/youth resides outside his/her own home in a single residence, as a means of providing protection and shelter. These living arrangements are private, single residences, which include relative and non-relative foster homes, and non-finalized adoptive homes.

**Group home** – A community based, congregate living arrangement, staffed when clients are present. Group homes may serve children, youth, or adults, capable of self-preservation in the event of an internal disaster.

**On-line behavioral health** – Behavioral health care services provided through interactive, live /real time audio and video-conferencing utilizing internet technology.

**Outdoor behavioral health** – Behavioral health services that use the outdoors experience as an alternative to conventional care or treatment environments and as a clinically focused intervention.

**Outpatient services** – Behavioral health care organizations providing behavioral health services on an appointment system for each visit.

**Peer support** – A service wherein consumers encourage other consumers in recovery.

**Residential program** – A program that provides 24-hour care and services to individuals who need a less structured environment than that of an inpatient program and who are capable of self-preservation in the event of an internal disaster. A residential setting may serve children, youth or adults.

**Therapeutic foster care** – Intensive treatment services provided to children or youth in a single residence. Services are delivered primarily by treatment foster parents who bear direct responsibility for implementing the select in-home aspects of the treatment plan.

**Therapeutic schools** – Day programs or 24-hour settings that provide an integrated educational milieu with an appropriate level of structure and supervision of physical, emotional, behavioral, familial, social, intellectual, and academic development. Therapeutic schools either grant a diploma or award credit that leads to admission or return to a diploma-granting school. Therapeutic schools serve children and youth who have a history of failing to function at home or in less structured or traditional school settings in terms of academic, social, or emotional behavioral development.

**Transitional living-supervised care/supportive living** – 24 hour-a-day living arrangements provided to individuals in need of a supportive environment. This level of care is typically provided as a community re-entry phase within a care continuum and may serve adults or older adolescents.

**Vocational rehabilitation** – A service or program designed to attain, retain, or restore vocational usefulness of persons experiencing limited functioning. Vocational rehabilitation services may include vocational evaluation services, employment skills training, work activities, and supportive employment.

**Waived tests** – Tests that meet the Clinical Laboratory Improvement Amendments of 1988 requirements for waived tests; they are cleared by the Food and Drug Administration for home use and employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible or pose no risk of harm to the individual tested if the test is performed incorrectly, such as: dipstick urinalysis, glucometers, urine pregnancy testing. A certificate of waiver needs to be obtained from the Health Care Financing Administration (HCFA) and be available for review by the surveyor(s).
2007 Complimentary Conference Calls to learn about Joint Commission Behavioral Health Care Accreditation

Join us for these FREE one-hour calls to learn important information about Joint Commission accreditation. The calls are designed to provide information for organizations who aren’t yet accredited by The Joint Commission.

Each call begins at noon Central time (1pm Eastern, 11am Mountain, 10am Pacific)

August 7
The On-Site Survey Process
• What happens during a survey
• Who will the surveyors talk to
• How are the standards assessed on-site
• What materials should I have available for review

November 13
Standards Applicability – Know What Applies to You

To register, go to www.jointcommission.org/bhcteleconference.htm
Behavioral Health Care

2007 Seminars and Conferences

Behavioral Health Care: Accreditation Essentials
This seminar is designed for organizations considering accreditation, and for individuals who are new to or familiar with accreditation. It will cover the Joint Commission’s *Comprehensive Accreditation Manual for Behavioral Health Care*, the accreditation process, and unannounced surveys. Participants get detailed information about accreditation as a systems improvement management tool, the 2007 National Patient Safety goals, the electronic Statement of Conditions™, challenging compliance issues, automation of sentinel event reporting, practical tips to improve operational processes and maintain continuous compliance, and other Joint Commission updates. Customized breakout sessions will cover content for providers of care, treatment and services within community-or facility-based behavioral health care organizations. A special breakout session will cover content specifically for participants new to the accreditation process. The seminar environment is conducive for sharing, helping and brainstorming with others. A CD with web links and other resources is provided as part of this seminar.

After this session, you should be able to:
- Describe the key elements of the Joint Commission’s accreditation process for community-based or facility-based behavioral health care organizations
- Explain how the standards and elements of performance apply in various community-based or facility-based behavioral health care organizations to continuously improve the safety and quality of care provided to clients
- Discuss the five overarching areas addressed within the recovery and resiliency standards

June 26-27, 2007, Atlanta, GA (07-068)

Behavioral Health Care Update
This one-day seminar is designed for professionals that are experts on the accreditation process and standards and works in an accredited community- or facility-based behavioral health care organization. Content will incorporate 2008 accreditation updates and tips to improve operational processes and the safety and quality of care.

November 7, 2007, Scottsdale, AZ
December 11, 2007, Chicago, IL

To register for these programs, contact JCR Customer Service at 877-223-6866 or visit www.jcrinc.com.

SAVE THE DATE!

4th Annual Joint Commission Conference on Behavioral Health Care: Issues for Today, Actions for Tomorrow
December 12-13, 2007, Chicago, IL

An emphasis on quality care and client safety permeates the behavioral health care field. Engaging clients and their families in a decision making process is a crucial factor in generating the desired outcomes of care. How that process is conducted relies on any number of factors including the evidence that supports the selected interventions, professional ethics that provide a guide and framework for professional conduct in providing services, and the availability of resources. These factors provide the foundation for the Fourth Annual Conference on Behavioral Health Care. The conference will address both the theoretical frameworks and the practical application of strategies and models to improve client safety and care and to meet the demands of accountability.

Please visit Joint Commission Resources at www.jcrinc.com for the latest conference updates.
The 2006–2007 Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) includes everything a behavioral health care organization needs for continuous standards compliance and operational improvement. The 2006–2007 CAMBHC lists standards, rationales, elements of performance (EPs), and scoring information, and includes updated accreditation policies and procedures information.

Each standard and EP applies specifically to behavioral health care organizations. The CAMBHC features:
- An explanation of the unannounced survey process
- A self-assessment checklist to help organizations gauge their compliance with standards and EPs
- National Patient Safety Goals for behavioral health care
- Standards applicability table that allows organizations to see which standards and EPs apply to their settings, populations, programs and services
- Standards, rationales, EPs, and scoring information for foster care and opioid treatment programs

2006, 3-ring binder. 530 pages.

ORDER BOTH the 2007 CAMBHC Core and 2007 CAMBHC Subscription Update Service as a set.
(Includes 2006 CAMBHC Subscription Update Service)
Price: $450 Order Code: CCBHC-07BQW

NEW! 2007 CAMBHC Subscription Update Service
Now Publishing Twice a Year!
This new subscription update service keeps your behavioral health care organization up-to-date with the latest accreditation information coming out in 2007. Updates with replacement pages for your CAMBHC binder arrive at your door twice a year (March 2007 and September 2007), providing you with:
- Revised and new standards, elements of performance, and scoring
- Revised and new National Patient Safety Goals for behavioral health care
- Revised and new accreditation policies and procedures

All new information is highlighted so you can find what you need quickly and easily to stay on top of the latest information from The Joint Commission.

Note: All accredited behavioral health care organizations automatically receive one complimentary copy of the update service.

Price: $200 Order Code: CBHC-07SBQW

The 2006–2007 Standards for Behavioral Health Care (SBHC) is a 6" x 9", soft-cover abridged version of the 2006–2007 CAMBHC. It also has scoring information for all standards, including scoring categories and measures of success (MOS).

In addition, it provides the following:
- All the standards, rationales, and elements of performance (EPs) and scoring
- The National Patient Safety Goals specific to behavioral health care

The 2006–2007 SBHC is a handy reference guide, ideally suited for use in meetings, for orientation and training, and as a quick overview of The Joint Commission accreditation standards for all your staff.

2006, Softcover. 510 pages.
ISBN: 0-86688-962-0

Price: $105 Order Code: BHCS-06BQW

To order products, to register for seminars, or for more information, please call 1-877-223-6866 or visit our web site at www.jcrinc.com.
NEW! 2007 National Patient Safety Goals Posters for Behavioral Health Care

Need a quick reference to The Joint Commission's 2007 National Patient Safety Goals for behavioral health care? Want to educate your staff and keep those goals at the top of their minds?

Then this poster is for you. It lists all the 2007 National Patient Safety Goals and requirements that apply to behavioral health care. This poster is an ideal way to communicate the goals to staff and is a colorful reminder that incorporating safety requirements is essential to providing excellent client care.

These posters are 8.5” x 11” and are printed on durable, splash-resistant, laminated paper.


Price: $35 for a 10-pack
Order Code: NPSGBCLP-07BQW

The Joint Commission’s Unannounced Survey Process

The Joint Commission now conducts on-site surveys on an unannounced basis. This book provides readers with a comprehensive overview of the unannounced survey process and useful information to clarify what has changed and what remains the same. You’ll learn:

• How your organization can integrate two key Joint Commission methodologies—the Periodic Performance Review and tracer methodology—with the unannounced survey process to assist in your improvement efforts

• How you can use strategies and examples from other organizations that have already experienced the unannounced survey process.

Price: $35
Order Code: USB-05BQW


Issues in Human Resources for Behavioral Health Care

Issues in Human Resources for Behavioral Health Care is a valuable resource for any behavioral health care organization. Providing an in-depth look at The Joint Commission’s Management of Human Resources (HR) chapter in the Comprehensive Accreditation Manual for Behavioral Health Care, this book addresses HR challenges facing behavioral health care organizations today. Included in this handy reference are tools for assessing staff competence; orienting, training, and educating staff; and conducting peer interviews with physicians. Special features include:

• Complete and detailed explanations about the HR standards

• Behavioral health care-specific tips, strategies, and solutions for overcoming human resource challenges

• Examples, forms, checklists, and case studies from actual behavioral health care organizations

• Informative tips provided by Joint Commission surveyors

Price: $75
Order Code: HRBHC-05BQW


NEW! How to Meet the Most Challenging Joint Commission Requirements for Behavioral Health Care

In this new book, readers learn the most common compliance challenges for all types of behavioral health care organizations, and benefit from strategies to meet those challenging requirements and ensure their organizations’ continuous compliance with Joint Commission requirements. This book discusses challenging standards that relate to the following topics:

• Assessment processes (screening versus full assessment)

• Human resources and staffing effectiveness

• Infection control, emergency management, performance improvement, and medication management


Price: $75 Order Code: MCRBH-06BQW

FEATURES INCLUDE:

• How you can use strategies and examples from other organizations that have already experienced the unannounced survey process.


Now includes the compliance assessment checklist for behavioral health care!

The 2006–2007 Accreditation Process Guide for Behavioral Health Care takes you step by step through the who, what, when, where, why, and how of the accreditation process, including the most accurate information about unannounced surveys. In addition, this easy-to-use, spiral-bound book now includes the handy compliance assessment checklist that helps you get the most out of your Periodic Performance Review (PPR), note plan(s) of action needed, and identify areas in which measures of success are necessary. Other features include the following:

• A detailed explanation of the PPR process

• Tips on writing plans(s) of action and measures of success

• Standards applicability table that allows organizations to see which standards and EPs apply to each setting, service, program, or population

• Self-assessment questions for all standards and elements of performance (EPs)

• Tips on conducting tracers in your organization

• Sample survey agendas

• Sample tracers to address priority focus areas and clinical/service groups

Price: $119
Order Code: BHSP-06BQW


To order products, to register for seminars, or for more information, please call 1-877-223-6866 or visit our web site at www.jcrinc.com.
A Practical Guide to Documentation in Behavioral Health Care, Second Edition

This is your complete guide to effective documentation practices that meet Joint Commission behavioral health care standards. Examples illustrate how treatment and services across nearly every behavioral health care setting can be improved through better documentation practices.

Behavioral health care professionals—including organization administrators, department heads, program directors, clinical staff and leaders, information management staff, behavioral health care consultants, and those responsible for coordinating survey preparation activities—will benefit from this essential guide to documentation. Updated with new examples and information!

ISBN: 0-86688-778-4

Issues in Provision of Care, Treatment, and Services for Behavioral Health Care

Written specifically for behavioral health care organizations, Issues in Provision of Care, Treatment, and Services for Behavioral Health Care takes an in-depth look at the Provision of Care, Treatment, and Services (PC) standards in the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC). The book provides practical tips, examples, and case studies to assist organizations with standards compliance. It also focuses on the challenges of initial screening and clinical assessment protocols, treatment planning, and discharge assessment.

Price: $70 Order Code: PTBHC-01BQW

Behavioral Health Care: Accreditation Essentials

• April 26-27, 2007, Philadelphia, PA
• June 26-27, 2007, Atlanta, GA

Tracer Methodology, Conducting Tracers in Your Organization

• April 25, 2007, South Portland, ME
• May 21, 2007, Richmond, VA
• August 16, 2007, Charleston, WV
• October 18, 2007, Scottsdale, AZ

EC Base Camp: Foundation for Environment of Care

• May 2-3, 2007, Atlanta, GA
• August 1-2, 2007, Oakbrook Terrace, IL
• October 3-4, 2007, Boston, MA
• November 5-6, 2007, Las Vegas, NV

Implementing the National Patient Safety Goals

• April 19, 2007, Naperville, IL
• October 10, 2007, Hebron, KY

A Systematic Approach to Continuous Systems Improvement

• April 25-26, 2007, Oklahoma City, OK
• July 17-18, 2007, Oakbrook Terrace, IL
• September 11-12, 2007, Wallingford, CT
• November 5-6, 2007, Oakbrook Terrace, IL

Plans of Action, Evidence of Standards Compliance and Measures of Success: Putting the Pieces Together for Continuous Compliance

• April 18, 2007, Austin, TX
• May 18, 2007, Columbus, OH
• June 5, 2007, Naperville, IL
• August 23, 2007, Scottsdale, AZ
• September 19, 2007, Newark, OH
• October 23, 2007, Oklahoma City, OK

For more details, please visit www.jcrinc.com

Restraint: Minimizing Use, Improving Outcomes in Behavioral Health Care Settings

This video explains the restraint and seclusion standards, their revisions, and the survey process relating to restraint use. Case studies show psychiatric units of acute care hospitals and behavioral health care organizations implementing innovative techniques and approaches to minimize their use of restraint.

Price: $195 Order Code: V99/08BQW

To order products, to register for seminars, or for more information, please call 1-877-223-6866 or visit our web site at www.jcrinc.com.
Shared Visions—New Pathways™: The Joint Commission’s Redesigned Process for Behavioral Health Care

This video describes the Joint Commission’s accreditation process, including tracer methodology, Priority Focus Process, Periodic Performance Review, and the on-site survey process, as well as the accreditation decision process.

Total running time: 45 minutes
Price: $275 Order Code: V0406BQW

Accreditation Manager Plus (AMP™): An Interactive Toolkit for Continuous Compliance

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Executive Director

I’m delighted to report that a well-respected advocate for the behavioral health care field, New York Commissioner of Mental Health Michael F. Hogan, Ph.D., has been appointed as the behavioral health care field representative to The Joint Commission’s Board (see article on this page).

This appointment is important because it clearly demonstrates The Joint Commission’s commitment to the behavioral health care field, and it provides an opportunity for someone of Dr. Hogan’s stature to contribute on topics of interest to the behavioral health care field.

It is a great honor to have Dr. Hogan as an active participant on the Board of Commissioners and I anticipate his involvement will strengthen the relationship between The Joint Commission and the field.

For a look at current issues affecting behavioral health care organizations, consider attending the National Conference on Behavioral Health Care: Issues for Today, Actions for Tomorrow. This is the fourth year for this gathering of the most interesting movers, shakers, leaders and thinkers in our field. I hope you can join us for a lively dissection of current topics in behavioral health care. See page 2 for registration details.

Mary Cesare-Murphy, Ph.D.

Behavioral health care rep appointed to the Board of Commissioners

New York Commissioner of Mental Health Michael F. Hogan, Ph.D., has been appointed as the non-voting behavioral health care field representative to the Board of Commissioners of The Joint Commission.

Prior to assuming responsibilities for the New York Office of Mental Health, Hogan served as director of the Ohio Department of Mental Health from 1991 to 2007. He was also chair of the President’s New Freedom Commission on Mental Health in 2001.

“Dr. Hogan’s expertise and in-depth experience in the mental health arena will enrich Board discussions on policy issues respecting behavioral health care,” says Dennis S. OLeary, M.D., president, The Joint Commission. “This action underscores the commitment of The Joint Commission and its Board to all of those in the behavioral health care field who are in turn committed to serving this vulnerable population.”

“This is an honor, and a great opportunity for behavioral health,” says Hogan. “The Joint Commission’s action in creating this position reinforces that behavioral health is essential for overall health. I hope to serve our field well in representing our concerns about good care.”

Extranet changes scheduled for June

The Joint Commission Connect extranet site will soon have a new look. To see what’s in store, go to the current extranet site, click on “What’s New” and see a sample screen shot and read about its features. One of the new features is that you will be able to directly access the site by going to www.jointcommissionconnect.org. Other features to look for include:

- A “What's Due” section that provides an at-a-glance display of accreditation tasks.
- A “New Reports” section that provides an at-a-glance display of recently posted organization reports, such as the accreditation report.
- For corporate and multi-organization systems, a drop down menu list will enable the user to switch from one organization site to another.
- A “Quicklink” to update extranet contacts and apply security settings.

Unannounced survey reminder

Beginning July 1, 2007, unannounced surveys can be conducted anywhere from 18 months to 39 months from your last survey. If you were surveyed in January 2006, your next unannounced survey could conceivably come as early as July 2007. Check on The Joint Commission Connect extranet by 7:30 a.m., local time, for information about Joint Commission scheduled events.
Get the 411 on the PPR

Merlin Wessels, associate director, Standards Interpretation Group, answers these Frequently Asked Questions about the Periodic Performance Review.

What is the PPR?
The PPR is a self-evaluation that gauges an organization’s compliance with accreditation participation requirements, National Patient Safety Goals, standards and Elements of Performance. If the organization finds areas out of compliance, it develops a Plan of Action. The organization will also identify Measures of Success for validating the resolution of the problem areas.

How often is the PPR completed?
Once accredited, organizations are required to update and submit the PPR annually. The accreditation is the due date.

Are there different PPR options?
You can choose to do a full PPR with or without a follow-up call to SIG; or choose among three other options. Most behavioral health care organizations choose the full PPR with the call. See www.jointcommission.org/AccreditationPrograms/Hospitals/AccreditationProcess/PPR_QA.htm, for a full description of the options.

How do I begin?
The PPR is available anytime on the Joint Commission Connect extranet. Once your organization has completed it, the information will be there next year. You don't have to start from scratch every time.

What are the common problems and misconceptions?
Organizations think that the PPR is punitive. It’s not. Surveyors do not have access to the PPR; however, they will ask about the Measures of Success related to the findings of the Plan of Action, but they never see the actual PPR.

In addition, there are organizations that score standards that don't apply and organizations which neglect to score standards that do apply. It’s important to use the Standards Applicability Process in the front of the manual to see what standards, rationales and Elements of Performance apply to your organization’s setting, programs, services and populations.

Tips for making the most of the follow-up phone call?
• Be prepared, have questions ready that you want addressed.
• View the time as a consultation opportunity. The focus does not have to be exclusively on the noncompliance areas. We can help you brainstorm and give you feedback on how other organizations meet the standards.

Free OTP education for 2007

Free educational conference calls are available for accredited Opioid Treatment Programs. The sessions take place monthly from 10:30 to noon, CST, and cover a variety of topics. The programs include:
• July 11: Behavioral Health Care Standards Review
• Aug. 15: National Patient Safety Goals
• Sept. 19: Continuous Accreditation Readiness
• Oct. 17: Standards for Recovery & Resiliency
• Nov. 21: Failure Mode Effect Analysis — A Proactive Approach to Reducing Errors

Call Customer Service at (877) 223-6866 to register for the programs. If you have questions, contact Megan Marx, associate director, OTP Project, at mmarx@jointcommission.org.

Resources

For information or to order products from Joint Commission Resources, Inc., go to www.jcrinc.com/Infomart.htm or call (877) 223-6866.

Education

2007 Accreditation Essentials: Behavioral Health Care

This program provides basic training for any behavioral health care organization considering accreditation. It includes breakout sessions for addiction treatment programs, children and youth programs, and community mental health centers.
• June 26-27, Atlanta, Ga.

Save the date!

4th Annual Joint Commission National Conference on Behavioral Health Care Issues
• December 12-13, Chicago, Ill.

Publications

NEW! Issues in Human Resources for Behavioral Health Care

Presents practical explanations and guidance to the HR standards in the Comprehensive Accreditation Manual for Behavioral Health Care.
Order code: HRBHC05SJ, $75

Accreditation Process Guide for Behavioral Health Care

Takes you step-by-step through the entire accreditation process, includes information to help all levels of behavioral health care staff prepare for the on-site survey.
Order code: BHSP06SJ, $119

How to Meet the Most Challenging Joint Commission Requirements for Behavioral Health Care

Order code: MCRBH-06, $75

A Practical Guide to Documentation in Behavioral Health Care

Order code: BH500SJ, $55

Cost-effective Performance Improvement in Behavioral Health Care

Order code: PIBHC50SJ, $50