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Accreditation and certification

Trauma-informed care model improves services to individuals served
A model for clinical and organizational change which promotes safety and recovery from adversity through the creation of a trauma-informed community was the topic of a presentation given by Sarah Yanosy, L.C.S.W., director of the Sanctuary Institute, Yonkers, New York. She spoke at The Joint Commission's BHC Annual Conference in October.

“Adversity and chronic stress are universal experiences,” says Yanosy. "In the right setting, where the organization and staff understand how to deliver the appropriate services in a safe therapeutic environment, clients can excel. However, too often the delivery of services is done in such a way that trauma is relived. Our model facilitates organizational culture change to help contain, manage and transform the traumatic life experiences that have impacted clients.”

The basic tenets of the Sanctuary Model:
- Identifies the experience of trauma along a wide continuum that includes both discrete events and ongoing, cumulative experiences, like racism and poverty. Trauma theory suggests that many behavioral symptoms are a direct result of coping with adverse experiences.
- Encourages organizations to change the question they ask the individuals they serve from, “What's wrong with you?” to “What's happened to you?” as the first step in recognizing the influence of the past on current behaviors and functioning.
- Urges leaders to recognize that even their organization can be vulnerable to trauma. Organizations face financial or political stressors and sometimes respond with isolationism, rigidity and autocratic decision-making. Intervening in this process requires shifting behaviors and thinking to align with trauma-informed practices. Sanctuary provides the blueprint to accomplish this alignment.

For more information, see the Sanctuary website or contact Yanosy. Note: The 2015 Behavioral Health Care Conference will be held October 15-16 in Rosemont, Illinois. To register, visit the JCR website.

Standards Q&A: New definitions in the E-App
Q: Our organization is completing the online application for accreditation (E-App) and we’re not sure how to categorize our organization. We have 10 small homes with two to three residents in each home. Where should I look for guidance?
A: The E-App and the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) both contain extensive glossaries that can help you accurately complete the E-App and comply with accreditation requirements. In 2015, updates include one new category and two revised definitions (see table below). 

Note: An organization may need to select a category based on state regulations.

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Who makes the decision to place the individual?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based home(s)</td>
<td>[New] Three or fewer individuals living in community-based housing arranged as a required component of care, treatment or services provided by the organization. Housing may include apartments, condominiums, townhouses, and group homes owned, rented or leased by the organization with three or fewer residents in each living unit. They may be staffed up to 24 hours a day, seven days a week, or not staffed.</td>
<td>Organization</td>
</tr>
<tr>
<td>Foster care, adult</td>
<td>[Revised] A living arrangement where an adult resides as a means of providing protection, shelter and care. These living arrangements are in private, single residences. This living arrangement may require licensure by a state authority.</td>
<td>Organization</td>
</tr>
<tr>
<td>In-home services</td>
<td>[Revised] In-home behavioral health care services may include individual and family counseling, mobile crisis evaluation, parent training, early intervention, support, or in-home respite services provided to the primary caretaker(s).</td>
<td>Family or individual</td>
</tr>
</tbody>
</table>

If you have further questions about completing the E-App, contact your account executive at 630-792-3007.

**News**

**CDC reissues Health Advisory urging flu vaccination and use of antivirals**

The Centers for Disease Control and Prevention (CDC) has reissued its Health Advisory regarding the 2014-15 influenza season. The advisory notes that half of the H3N2 viruses analyzed since October are different from the H3N2 virus that is included in this season's flu vaccine. They are different enough that the CDC is concerned that protection from vaccination against these drifted H3N2 viruses may be reduced. Even though protection is reduced, vaccination provides some cross-protection from the drifted viruses and can reduce the likelihood of severe outcomes such as hospitalization and death. In addition to vaccination, the CDC continues to recommend:

- Antiviral medications as a second line of defense against the flu. Treatment with antiviral drugs is especially important for people at high-risk of serious flu complications or people who are very sick with flu. It's especially important to get antiviral medicines quickly – as they work best when started within two days of the beginning of flu symptoms.
- Covering your cough, staying away from sick people, and washing your hands often. If you get the flu, stay home from work or school. If you are sick, do not go near other people, so that you don’t make them sick.

For more information, see the [Strategies for Improving Rapid Influenza Testing in Ambulatory Settings (SIRAS)](https://www.jointcommission.org/) on The Joint Commission website, or visit the [CDC’s Influenza (Flu) web page](https://www.cdc.gov/flu/).
Tell us your story by December 23 and be entered to win an iPad Air
Tell us how Joint Commission behavioral health care accreditation has benefited your organization or helped you meet a challenge and you will be entered to win an iPad Air. Include in your entry: the challenge your organization faced, what action accreditation helped you take, and what the results were. Email the entry to BHC@jointcommission.org by midnight, December 23. The drawing will occur on December 30. Stories will be shared on The Joint Commission website, social media and BHC News.

RPI corner: Project charter

Q. What RPI tool can help me define my project?

A: A good tool to start with is a project charter. A charter will help ensure that all aspects of the project are understood and agreed to by everyone. You can use your organization’s charter template or adapt the sample below. Begin by working with the sponsor to define the project, including what it includes and excludes. Then you should:

- Review the charter with the team members to ensure commitment.
- Meet with key stakeholders to gather input.
- Use the tool to communicate the team’s work to others and to track progress and possible delays.

<table>
<thead>
<tr>
<th>Sample Project Charter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title/date</td>
</tr>
<tr>
<td>Sponsor</td>
</tr>
<tr>
<td>Facilitator</td>
</tr>
<tr>
<td>Team members</td>
</tr>
<tr>
<td>Purpose: What is the problem? What is not working?</td>
</tr>
<tr>
<td>Justification: What does the current state look like?</td>
</tr>
<tr>
<td>Expectation: What do you hope to accomplish with this meeting?</td>
</tr>
<tr>
<td>Scope: What is included and/or excluded?</td>
</tr>
<tr>
<td>Timeframe: When do you want the meeting to occur?</td>
</tr>
<tr>
<td>Boundaries/non-negotiables: What will be included in terms of money, people, time or technology?</td>
</tr>
<tr>
<td>Key deliverables: What products, solutions or services will be delivered?</td>
</tr>
<tr>
<td>Measurement: How will the project be measured?</td>
</tr>
</tbody>
</table>

Next issue: Inspiring people to change

Resources

New: Standards BoosterPak on waived testing standards for all accreditation programs
A new Standards BoosterPak™ on waived testing is now available on The Joint Commission Connect™ extranet. Waived testing is the most common type of lab testing used in community and facility-based behavioral health care settings. By law, waived tests should have insignificant risk of erroneous results, however, these tests are not completely error proof, and some can result in serious harm if performed incorrectly. The BoosterPak, applicable to all accredited organizations in which waived testing is performed,
provides regulatory requirements, implementation expectations, strategies for compliance, and links to additional resources.

**New on the web**
- **Save the date!** *2015 Behavioral Health Care Conference*: October 15-16, 2015, in Rosemont, Illinois
- **2015 National Patient Safety Goals**: [Behavioral Health Care](#)
- **2015 free webinars.** The Joint Commission offers a number of free webinars throughout the year for behavioral health care organizations interested in pursuing accreditation or certification. All webinars are held from 11 a.m. to noon CT. Register at [www.jointcommission.org/BHwebinars](http://www.jointcommission.org/BHwebinars).
  - January 14: Basics of Accreditation – Mythbuster Edition
  - February 18: Roadmap to Accreditation: Your Path to Success
  - March 11: Strategies for a Successful Survey
- **Order from Joint Commission Resources (JCR) by visiting the JCR Store or calling 877-223-6866:**
  - *E-dition*: Single user license, EBHH, $410; site license, EBHSH, $1,485
  - *2015 Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC):* CBHC15, accredited price $299, list price $374