In this issue:
Accreditation and certification decision reports to change after July 1, 2014
Revised: Human Resources chapter for behavioral health care accreditation
OTP requirements revised to align with federal CSAT regulations
Vance named new behavioral health care field director
Behavioral Health Home certification a good fit for Trillium
RPI corner: Meeting facilitation tools
JCR: Join us at the 2014 Behavioral Health Care Conference
New on the web
See you there!

Accreditation and certification decision reports to change after July 1, 2014
Changes to The Joint Commission’s accreditation and certification decision reports will be effective July 1, 2014, to align with requirements of the Centers for Medicare & Medicaid Services (CMS). Changes include the addition of two new sections – the Opportunities For Improvement (OFI) section listing single observations of noncompliance with Category C elements of performance (EPs), and the Open Plans For Improvement (PFIs) section. See the table below which highlights the changes and what to expect.

<table>
<thead>
<tr>
<th>Decision report change summary</th>
<th>What is the current process?</th>
<th>What will change after July 1, 2014?</th>
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| Added a new section: Opportunities For Improvement (OFI) | • EPs are either Category “A” (yes/no) or Category “C” (how frequently it occurred).  
• If a Category C EP is scored only once, it does not result in a requirement for improvement (RFI) and it does not appear in the decision report  
• If a Category C EP is scored twice, it generates an RFI and requires evidence of standards compliance (ESC) follow-up. | • The new OFI section will list single observations of noncompliance with Category C EPs.  
• A single observance of noncompliance will not require ESC follow-up. This means that organizations will not be able to submit clarifying evidence in an effort to remove the item from the OFI section of the decision report. |

* Applies only to BHC organizations providing 24-hour care, treatment and services

Revised: Human Resources chapter for behavioral health care accreditation
Revisions to the Human Resources chapter in the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) will go into effect January 1, 2015. The revisions, including changing the name of the chapter from Human Resources to Human Resources Management (HRM), were made to keep the requirements up-to-date and relevant to the field. Other changes include:

- Revising requirements for clarity, adding new ones and deleting those that are no longer relevant or valuable
- Moving some requirements to other chapters
- Changing the sequence to preserve the logical flow of the chapter
The revised requirements will be published in the fall 2014 E-dition® update as well as the 2014 Update 2 to the CAMBHC. For more information, see the July issue of Joint Commission Perspectives. Note: Opioid treatment program (OTP) requirements were not changed because they are aligned to federal regulations and guidelines.

**OTP requirements revised to align with federal CSAT regulations**

The Joint Commission revised several Opioid Treatment Program (OTP) requirements for behavioral health care organizations to maintain alignment with the Center for Substance Abuse Treatment (CSAT) regulations, and to remain a Substance Abuse and Mental Health Services Administration (SAMHSA)-approved accrediting body. Changes include adding five new elements of performance (EPs), two new notes, and editing an existing EP. The revisions became effective March 23, 2014 and appear in the E-dition®, as well as the 2014 Update 1 to the Comprehensive Accreditation Manual for Behavioral Health Care.

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**Vance named new behavioral health care field director**

Peter Vance, LPCC, CPHQ, has been named the new field director for the Behavioral Health Care (BHC) Accreditation program. Before coming to The Joint Commission, Vance was director of Quality Improvement at OptumHealth, Albuquerque, New Mexico. His clinical experience includes acute care psychiatric hospital intake and diagnostic assessment, adolescent residential treatment, adult treatment, child/adolescent equine-assisted psychotherapy, and home-based behavioral therapy. In addition, he was a BHC surveyor for the last two years.

**Why did you want to work at The Joint Commission?** Quality improvement is something I was interested in as a clinician and The Joint Commission survey was one of my first impressions of a quality improvement organization. I was impressed! I’m experienced in working with people to improve systems and processes, so it was a natural move to become a surveyor.

**What should accredited organizations know about The Joint Commission?** I’ve been pleased to participate in discussions regarding current best practices and the changing health care environment. I didn’t realize how much The Joint Commission has taken a leadership role in the field of health care, above and beyond accreditation. Partnering with organizations to improve quality and safety has been very satisfying on both a personal and professional level. I’m excited about the opportunity to see how we can effect positive change for the people we serve.

**When should an accredited organization call you?** I can facilitate finding the answer to any unanswered question, and I’m open to hearing innovative ideas from the quality organizations we accredit.

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**Behavioral Health Home certification a good fit for Trillium**

Trillium Family Services, Portland, Oregon, offers a continuum of care that includes residential, day programs, and intensive outpatient levels of care, as well as community prevention services. The organization has been Joint Commission accredited since 1998. Kim Scott, M.P.A., president and CEO, talks about what it means to be among the early adopters of Joint Commission Behavioral Health Home (BHH) certification.

**Why did your organization seek the BHH certification?** We are committed to encouraging overall wellness among children and families and we see mental health as only one component in this endeavor. Our staff was already connecting children who needed physical health services with the necessary agencies and individuals during their stay. Seeking certification was an easy decision for us.
Do you think the certification survey helped improve the quality of care coordination and integration you offer? The certification survey most definitely helps improve the quality of care coordination and integration. It encourages leadership and program staff to continue working toward providing the children and their families with the best services we can offer. It is a reminder that Trillium is serious about its mission – **Building brighter futures with children and families.**

Would you recommend BHH certification to other organizations? With a resounding yes! Certification helps by providing education around prevention and encouraging organizations to take an active role in connecting people to needed services. The mental health system in Oregon is moving toward a more holistic approach to wellness and this certification helps Trillium demonstrate how actively tending to our community’s needs now encourages healthier communities tomorrow.

### RPI corner

#### Meeting facilitation tools

*Are there some basic Robust Process Improvement (RPI) tools that can help me manage meetings better?*

Yes! RPI has a number of tools to help you better manage, or facilitate, meetings that will help start you on the way to becoming a high reliability organization. The job of the meeting facilitator is to make it easier for participants to move from Point A (where you were before the meeting began) to Point B (the goal of the meeting). In many cases, the best facilitators are unbiased “outsiders” who have no stake in the issue, no agenda coming in, and no role in solving the problem. However, this is not always possible, so the team leader or someone else in the group can facilitate. Below are some tools to help facilitate your meetings.

**Before the meeting:**
- Preparation is the key. Start by preparing a one-page PAGER, which will help you think about what you want to accomplish during the meeting. It stands for:
  - **Purpose** – What is the meeting about?
  - **Agenda** – How are you going to get it done?
  - **Ground Rules** – What rules will we live by?
  - **Expectations** – What is our goal today?
  - **Roles** – Who’s who?

**During the meeting:**
- Ice breakers: To start your meeting off right, make sure all participants know each other. Consider an icebreaker to get things going (many are available online). If people know each other, offer an icebreaker that is connected to the goal of the meeting. Leading an icebreaker is a great opportunity to get others involved in leading and facilitating. In addition, icebreakers help the group center itself for the task at hand.
- **Ground rules:** Ground rules establish how the meeting will be run, how team members should interact, and what behaviors are acceptable. Consider establishing ground rules for attendance, promptness, assignments, breaks, full participation, conversation courtesy, decision-making and other group needs.
- **Decisions and dynamics:** An important part of the facilitator’s role is getting the team to reach agreement. There are many ways to do this, including different types of voting, ranking, negotiation, and consensus.

**After the meeting:**
- **Parking lot:** This is a place to put off-topic issues. Use a parking lot to capture those ideas to
discuss later or in the appropriate forum. Note: This is not the “dumping lot.” This is for items that are important and require further discussion or attention, but not at this meeting.

- What/Who/When: Capture recommendations and action steps on a What/Who/When plan. “What” is the task or action. “Who” should be ONE person, not a pair or small group. Even if more than one person will be involved, use one person’s name as being accountable for its completion. “When” should be a specific date, not “next week” or “before the next meeting.”
- Plus/Deltas: Have meeting participants write down on sticky notes things that they thought worked well at the meeting and what changes they would suggest.

Next issue: Team decision-making and consensus-building tools.

Joint Commission Resources

Join us at the 2014 Behavioral Health Care Conference

The Joint Commission’s 2014 Behavioral Health Care Conference will be held October 15-16, in Rosemont, Illinois. It focuses on integrated health care and person-centered care and how the accreditation standards can position your organization to provide state-of-the-art care. New this year is an “Accreditation Champion” track to help individuals become familiar with the accreditation and survey process. The early bird discount expires September 15.

JCR Publications

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
- 2014 Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC): CBHC14, accredited price $295, list price $369

Resources

New on the web

- Register for free webinars:
  - July 9: An Orientation to the Accreditation Requirements
  - August 13: Overcoming Challenges to Person-centered Treatment/service Planning
- BHC Accreditation Tips and Topics
- JC Physician Blog: The Integration of Mental Health and Medical Care – The Future. Anne C. Bauer, M.D., field director, Accreditation and Certification Operations, discusses the outlook for care integration.

See you there!

BHC staff members will be at the following meetings in 2014:

- August 6-8, Florida Council for Community Mental Health, Orlando, Florida
- August 22-24, National Conference on Addiction Disorders, St. Louis, Missouri
- September 10-12, California Alliance for Children and Family Services, Laguna, California
- September 25-28, Colorado Behavioral Health Association, Breckenridge, Colorado