The Joint Commission

Behavioral Health Care Standards Sampler

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Introduction

The Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) contains the set of standards that have been designed to evaluate a variety of behavioral health care settings including mental health services, addiction treatment, and services for children, youth and families. This includes programs, settings and services such as outpatient or residential services, intensive outpatient/partial hospitalization programs, group homes, family preservation/wraparound programs, wilderness/outdoor programs, therapeutic schools, and foster care.

To help familiarize you with the accreditation requirements while you are in the early stages of exploring accreditation, The Joint Commission has prepared this Standards Sampler, which contains a few select requirements from our accreditation chapters to illustrate the types of areas that accreditation addresses.

About Standards Applicability

The Joint Commission surveys many types of organizations under the behavioral health care standards. Accredited providers may serve individuals throughout their life span, or specialize in age and disability groups. Organizations may also operate in a variety of settings. The population served, the programs and services offered, and the setting in which the organization operates will factor into determining the applicable standards for each organization.

Not all of the requirements in this sampler may apply to your unique organization. To identify those requirements applicable to your organization, check the "Standards Applicability Process" chapter in the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) or create your organization's unique profile of programs and services in our on-line standards manual, the _E-dition_.

Structure of the Accreditation Requirements

The Standard itself is a statement that defines high level performance expectations, structures and processes which must be in place for an organization to provide safe, high-quality care, treatment or services. An organization is scored as either "compliant" or "not compliant" with a standard. Accreditation decisions are based on simple counts of the standards scored "not compliant."

The Rationale is a statement that provides background, justification, or additional information about a standard. A standard's rationale is not scored. Not every standard has a written rationale.

Elements of performance (EPs) are specific performance expectations or structures or processes that must be in place. Every standard has at least one EP. An EP compliance score determines a provider's overall compliance with a standard.

Contents

Care, Treatment, and Services (CTS)

The "Care, Treatment, and Services" (CTS) chapter reflects the flow of care, treatment, and services as they are provided in behavioral health care organizations. Care, treatment, and services are provided through the successful coordination and completion of a series of core processes that include the following:

- Entry to care, treatment, or services
- Screening and assessment
- Planning of care, treatment, or services
- Delivery of care, treatment, or services
- Special behavioral procedures
- Continuity of care, treatment, or services

These core processes also address the following activities:
- Providing care, treatment, and services based on principles of recovery and resilience.
- Providing individuals with access to the appropriate programs and services with appropriate staff.
- Providing care, treatment, and services based on an individualized plan.
- Teaching individuals served what they need to know about their care, treatment, and services.
- Coordinating care, treatment, and services, if needed, when the individual is referred, transferred, or discharged.

Examples:

CTS 02.01.01: The organization has a screening procedure for the early detection of risk of imminent harm to self or others.

CTS 02.01.06: For organizations providing residential care: The organization screens all individuals served to determine the individual's need for a medical history and physical examination. (This standard does not apply to organizations that provide physical examinations to all individuals served as a matter of policy or to comply with law and regulation.)

CTS 02.02.03: A complete and accurate assessment drives the identification and delivery of the care, treatment, and services needed by the individual served.

CTS.02.02.05: The organization identifies individuals served who may have experienced trauma, abuse, neglect, or exploitation.

CTS 02.03.07: For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of addictive behaviors.

CTS 02.04.01: For Foster Care: The organization screens and assesses each individual to determine needed services and placement, including:
- a physical status screening
- a developmental status screening
- an educational status screening
- an emotional status screening
- a behavioral status screening
- a social status screening
- a legal status screening
- a spiritual status screening
- a cultural and linguistic status screening

Care, Treatment and Services, Cont'd

CTS 02.04.05: For foster and/or respite care: The organization assesses each prospective foster parent or respite caregiver to determine whether he or she is eligible to be a foster parent or respite caregiver.

CTS 03.01.03: The organization has a plan for care, treatment, and services that reflects the assessed needs, strengths, preferences, and goals of the individual served.
> **EP 3**: The objectives of the plan for care, treatment, or services meet the following criteria:
> - They include steps to achieve the goal(s)
> - They are sufficiently specific to assess the progress of the individual served
> - They are expressed in terms that provide indices of progress

CTS 03.01.05: The plan for care, treatment, or services addresses the family's involvement.

CTS 04.02.11: For organizations providing care, treatment, or services to children or youth: The plan for care, treatment, or services reflects needed educational services for every child or youth whose care, treatment, or services cause a significant absence from school.

CTS 04.03.23: For organizations that conduct outdoor/wilderness experiences: The organization safely conducts outdoor/wilderness experiences. (Note: This standard refers to an activity conducted for therapeutic reasons in remote areas away from the organization's premises [for example, a wilderness experience]. It does not refer to daily activities that may be conducted outside, such as going to community parks.)
> **EP 1:** For organizations that conduct outdoor/wilderness experiences: Prior to the individual served engaging in an outdoor/wilderness experience, the organization communicates to its staff any special precautions related to the individual of which staff should be aware.
> **EP 2:** For organizations that conduct outdoor/wilderness experiences: The organization has a written plan to manage emergency situations that could occur during an outdoor/wilderness experience that includes the following:
> - How the organization will contact staff during the experience
> - How staff will contact the organization during the experience
> - How to handle a natural emergency (for example, weather, fire, landslide)
> - How to conduct an evacuation
> - How to remove an individual served from the experience

CTS 06.03.01: For organizations that provide care, treatment, or services to young adults with life transition needs: The organization assists young adults with their life transitions in accordance with their needs.

Environment of Care (EC)

The goal of this chapter is to promote a safe, functional, and supportive care environment. This includes:
-     - The building and space, including how it is arranged and how it protects individuals, visitors, and staff.
-     - Equipment used to support care, treatment, and services, and to safely operate the building and space.
-     - People, including individuals served, visitors, vendors, and staff --anyone who enters the environment.

This chapter stresses the importance of managing risks in the environment of care. All organizations face risks such as safety and security, fire, hazardous materials and waste, and utility systems. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting, and taking action on environmental risks.

The chapter does not apply to buildings in which only administrative functions are performed.

Examples:

EC 02.01.01: The organization manages safety and security risks
> **EP 1:** The organization identifies safety and security risks associated with the environment of care that could affect individuals served, staff, and others coming to the organization's facilities

EC 02.01.05: For organizations providing Foster Care: The organization places individuals in foster care in physically safe environments (Note: this standard applies to foster care organizations that make placement decisions)
> **EP 1:** For foster care: The foster care organization defines, in writing, criteria for assessing the safety of the foster care family's physical environment.
> **EP 8:** For foster care: The foster care organization verifies that emergency procedures for responding to a fire are in place.
> **EP 11:** For foster care: the foster care organization verifies the existence of a smoke detector on each floor and near the sleeping room of the individual in foster care.

EC 02.06.01: The organization establishes and maintains a safe, functional environment.
> **EP 20:** Areas used by individuals served are safe, clean and comfortable

Emergency Management (EM)

An emergency is an unexpected or sudden event that disrupts an organization's ability to provide care, treatment, and services, or that disrupts an organization's setting. Emergencies can be either human-made (such as negligence or a criminal act) or natural (such as an electrical system failure or a tornado) or both. Emergencies that can threaten any organization include power failures, flooding, and communication breakdowns. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain care, safety, or security.

Emergency management consists of four phases: *mitigation, preparedness, response, and recovery*. These phases occur over time; mitigation and preparedness before an emergency, and response and recovery during and after an emergency. Mitigation activities identify risks and vulnerabilities. Identifying risks and vulnerabilities is the first step in composing an Emergency Management Plan (EMP). The EMP reflects response strategies ranging from continuing a full scope of care, treatment, and services, to rescheduling non-urgent appointments, to closing temporarily. An organization's structure, and the functionality of the client populations determine the complexity of the EMP. For example, 24-hour settings have extensive emergency response plans, whereas outpatient counseling clinics have simpler plans.

No organization can predict the nature of a future emergency, nor can it predict the date of its arrival. Below are the critical areas to address in preparing an EMP:
- Care, treatment, or services for individuals served
- Communications
- Resources and assets
- Safety and security
- Staff responsibilities

Examples:

EM 02.01.01: The organization has an Emergency Management Plan
> **EP 2:** The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur. (Note: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communications to individuals served and strategies for resuming service following the emergency.)

> **EP 8:** If the organization experiences an actual emergency, the organization implements its response procedures.

Human Resources Management (HRM)

The contribution that human resources management makes to an organization's ability to provide safe, quality care, treatment, and services cannot be overestimated. The quality of the organization's staff will determine the quality of the care, treatment, and services it provides.

Even the smallest organization has a responsibility to see that staff receives the education and training needed in order to provide quality care, treatment, and services.

Key elements in this chapter include the following steps:
- Establish and verify staff qualifications.
- Orient staff.
- Provide training to deliver care, treatment and services.
- Assess staff competence and performance.

Examples:

HRM 01.01.01: The organization develops written job descriptions.

HRM 01.01.03: The organization determines how staff function within the organization
EP 1: All staff who provide care, treatment and services possess a current license, certification or registration, in accordance with law and regulation and organization policy.

HRM 01.02.01: The organization verifies and evaluates staff qualifications
EP 1: The organization performs primary source verification of staff licensure, certification, or registration in accordance with law and regulation and organization policy at the time of hire and the time of renewal.

HRM 01.03.01: The organization provides orientation to staff
EP 5: The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented. Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences.

HRM 01.06.01: Staff are competent to perform their job duties and responsibilities.
EP 5: Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.
EP 7: For foster care: Staff demonstrate cultural and age-specific competence.

Infection Prevention and Control (IC)

Infection prevention and control play an important role in an organization's efforts to improve safety and quality of care for the individuals the serve.   Behavioral health care organizations have varied levels of infection risk because of the variety and diversity of settings. The design and scope of infection prevention and control activities is based on the risks that the organization faces for the spread of infections. For example, a program serving children must anticipate infection prevention and control issues differently than a program serving individuals in opioid treatment programs. However, antibiotic-resistant infections have raised concern that infections can be acquired in almost any setting.

The infection prevention and control activities your organization adopts need to be reasonable to follow. For example, respiratory etiquette can be encouraged in all settings by having tissue and hand sanitizer gel available. Leadership should provide input and lend support to infection control efforts. After an effective program is in place, the organization should take measures so that the program operates according to plan and is properly evaluated.

The standards are designed to assist all organizations in developing and maintaining an effective approach.

Examples:

IC 01.03.01: The organization identifies risks for acquiring and spreading infections
      EP 1: The organization identifies infection risks based on its setting and population served.

IC 02.04.01: The organization facilitates staff receiving the influenza vaccination.
      EP 1: The organization either offers the influenza vaccination to staff on site or facilitates staff obtaining the influenza vaccination off site.

Information Management (IM)

Every episode of care, treatment or services generates information that must be managed by the organization. All data used by the organization are categorized, filed, and maintained. The system should accurately capture health information generated by the delivery of care, treatment, and services. Unauthorized access can be limited by the adoption of policies that address the privacy, security, and integrity of health information.

The system used for information management may be basic or sophisticated. Many organizations find their information management systems in a state of transition from paper to fully electronic, or a hybrid of the two. Regardless of the type of system used, these standards are designed to be equally compatible with noncomputerized systems and evolving technologies.

Planning is the initial focus of "Information Management" (IM). A well planned system meets the internal and external information needs of the organization. Planning also provides for continuity in the event that the organization's operations are disrupted or fail. The organization also plans to protect the privacy, security, and integrity of the data it collects.

Examples:

IM 02.01.01: The organization protects the privacy of health information
> **EP 4:** The organization discloses health information only as authorized by the individual served or as otherwise consistent with law and regulation
> **EP 5:** The organization protects against unauthorized access, use and disclosure of health information

IM 02.01.03: The organization maintains the security and integrity of health information
> **EP 1** The organization has a written policy that addresses the security of health information, including access, use and disclosure.

Leadership (LD)

The safety and quality of care, treatment, and services depend on many factors, including:
- A culture that fosters safety as a priority for everyone who works in the organization.
- The planning and provision of services that meet the needs of individuals served.
- The availability of resources -human, financial and physical - for providing care, treatment or services

Management of these important functions is the direct responsibility of leaders. In organizations with a governing body, governance has ultimate responsibility for this oversight. In larger organizations, different persons or groups may be assigned different roles and responsibilities. In smaller organizations, these responsibilities may be handled by just one or two persons. This chapter addresses the role of leaders in managing their diverse and complex responsibilities.

Leaders shape the organization's culture, and the culture affects how the organization accomplishes its work. A healthy, thriving culture is built around the organization's mission and vision, which reflect the core values and principles that the organization finds important. Leaders must ask some basic questions in order to provide this focus: How does the organization plan to meet the needs of its population? By what ethical standards will the organization operate? What does the organization want to accomplish through its work? Once leaders answer these questions, the culture of the organization begins to take shape. Leaders also set an example of how to work together to fulfill the organization's mission.

This chapter is divided into "Leadership Structure," "Leadership Relationships," "Organization Culture and System Performance Expectations," and "Operations." These elements come together to shape and drive an organization's operations.

Examples:

LD 01.01.01: The organization has a leadership structure.

LD 02.01.01: The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.

LD 03.02.01: The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

LD 03.05.01: Leaders implement changes in existing processes to improve the performance of the organization
        EP 3: The organization has a systemic approach to change and performance improvement

LD.04.01.01: The organization complies with law and regulation
        EP 2: The organization provides care, treatment or services in accordance with licensure requirements, laws, rules and regulations

LD 04.01.03: The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.
        EP 7: The organization has a process that provides for an annual objective evaluation of its financial ability to provide care, treatment, or services. (Note: A full audit need not take place, but key measures that support sound financial practices or reveal warning signs requiring follow-up are to be used, for example cash flow, accounts receivable, and current ratio.)

Life Safety (LS)

This chapter applies only to behavioral health care organizations in settings that provide sleeping arrangements for individuals as a required part of their care, treatment, or services. The Joint Commission applies selected residential occupancy requirements to these settings that are contained in the National Fire Protection Association's (NFPA) Life Safety Code® * (101-2000). There are two types of buildings covered by the residential occupancy requirements: "Lodging or Rooming Houses" for 4 to 16 occupants and "Hotels and Dormitories" for 17 or more occupants. Housing for locations with 1 -3 residents is covered in the Environment of Care chapter (EC.02.03.01).

In some cases, behavioral health care organizations have apartments where individuals served may choose to live (not as a required part of care, treatment, and services). The Joint Commission does not typically survey these types of living arrangements. The Joint Commission would only apply the Life Safety Code if these living arrangements were a required part of care, treatment, and services.

When the behavioral health care organization occupies space in a building that it does not own, The Joint Commission will assess that space and all exits from that space to the outside at grade level. The Joint Commission will also expect to see that the behavioral health care organization works with the landlord to make sure that supporting building systems comply with the Life Safety Code, for example fire alarms and automatic sprinklers.

Fire is a concern for everyone. The Life Safety Code considers several options for fire protection: creating safe areas (smoke compartments) that allow people to remain in their locations and "defend in place"; moving people to safe areas within the building; and, as a last resort, moving people out of the building. Behavioral health care facility design and related features help prevent, detect, and suppress fires. The measures that behavioral health care organizations must take to protect occupants from the dangers of fire constitute the content of this chapter. These standards focus on the importance of a fire-safe environment and buildings.

*Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA

Examples:
(NOTE: Life Safety Code only applies to organizations in 24 hour settings offering sleeping arrangements for 4 or more individuals in a building or facility)

 LS 01.01.01: The organization designs and manages the physical environment to comply with the *Life Safety Code.*

LS 02.01.20: The organization maintains the integrity of the means of egress
     EP 14: Exit access doors and exit doors are free of mirrors, hangings, or draperies
    that might conceal, obscure, or confuse the direction of the exit.
     EP 15: Floors or compartments in a building have two or more approved exits
    arranged and constructed to be located remotely from each other.
     EP 22: Doors to sleeping rooms of individuals served are not locked.

LS 02.01.30: The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.

Medication Management (MM)

Medication management is an important component of care, treatment, and services in many organizations. Medications are also capable of causing great harm if the incorrect dose or medication is administered. To eliminate any potential harm that could be caused by medications, organizations need to develop an effective and safe medication management system if they provide any type of pharmaceutical services or medications to the individuals they serve.

A safe medication management system addresses an organization's medication processes to reduce variation, errors, and misuse. A medication management system can address any of the following processes based on the organization's scope:
- Planning
- Selection and procurement
- Storage
- Ordering
- Preparing and dispensing
- Administration
- Monitoring
- Evaluation

The Medication Management (MM) chapter addresses these critical processes, including those undertaken by the organization and those provided through contracted services. The specifics of the medication management system will vary depending on the care, treatment, and services an organization provides. All, some, or none of the medication processes addressed in this chapter may be within the scope of a particular organization. The organization needs to identify the medication processes it provides and be in compliance with the applicable standards and elements of performance. Note: the MM chapter is not applicable to behavioral health care organizations that do not provide any type of pharmaceutical services or medications to the individuals they serve.

Examples:

MM 01.01.01: The organization plans its medication management processes
> **EP 1:** For organizations that engage in any aspect of the medication management process: The organization has a written policy that describes that the following information about the individual served is accessible to staff who participate in the medication management process: age, sex, diagnoses/conditions, allergies, sensitivities, height and weight (when necessary), drug and alcohol use and abuse, current medications, pregnancy and lactation information (when necessary) and any additional information required by the organization.

MM 01.01.05: The organization monitors the use of psychotropic medications
> **EP 1:** If psychotropic medications are prescribed, the organization establishes written policies and procedures addressing the following:
> - The use of multiple psychotropic agents in the same class
> - The use of high-dose pharmacotherapy
> - The prevention, identification, and management of side effects, including tardive dyskinesia

MM 03.01.05: The organization safely controls medications brought into the organization by individuals served, their families, or prescribers.

MM 07.01.01: The organization monitors individuals served to determine the effects of their medication(s).
Note: This standard is applicable only to organizations that prescribe or administer medications.

Performance Improvement (PI)

All organizations want better outcomes for the individuals they serve and are concerned about improving the safety and quality of the care, treatment, and services they provide. The best way to achieve this is by first measuring the performance of processes that support care and then by using that data to make improvements. The standards in this chapter stress the importance of using data to influence positive change. Leaders have ultimate responsibility for performance improvement, setting performance improvement priorities and providing the resources needed to achieve improvement.

The standards in this chapter address the fundamental principles of performance improvement: collecting data, analyzing them, and taking action to improve

Collecting data is the foundation of performance improvement. An organization selects measures that are meaningful to the organization and to the needs of the individuals served. The Joint Commission has identified important processes that should always be measured because they involve risk and can cause harm.

The organization must analyze the data it collects. Analysis identifies trends, patterns, and performance levels that suggest opportunities for improvement. The organization can then make improvements based on the analysis.

After a change has been made, the organization monitors that change by collecting and analyzing data to make sure the desired improvement is achieved and sustained. Organizations should identify the results that will signify sustained improvement. If the improvement does not meet expectations, the organization makes additional changes, and the cycle starts again.

Examples:

PI 01.01.01: The organization collects data to monitor its performance.
> **EP 14:** The organization collects data on the following: Significant medication errors.
> **EP 15:** The organization collects data on the following: Significant adverse medication reactions.
> **EP 27:** The organization collects data to measure the performance of high-risk, high-volume, problem-prone processes provided to high-risk or vulnerable populations, as defined by the organization. Examples of such processes include the use of restraints, seclusion, suicide watch, and behavior management and treatment.
> **EP 31.** For foster care: The organization collects data on its performance, including the safety of the placement and the maintenance or improvement of the individual's level of functioning.
> **EP 32.** For foster care: The organization collects data on the permanency of the placement and the permanency of outcome when they are within the organization's scope of services

PI 02.01.01: The organization compiles and analyzes data
> **EP 8:** The organization uses the results of data analysis to identify improvement opportunities.

PI 03.01.01: The organization improves performance
> **EP 2:** The organization takes action on improvement priorities
> **EP 3:** The organization evaluates whether actions taken resulted in improvements
> **EP 4:** The organization takes action when it does not achieve or sustain planned improvements

Record of Care, Treatment, and Services (RC)

The "Record of Care, Treatment, and Services" (RC) chapter contains information about the components of a complete case record. A highly detailed document when seen in its entirety, the case record comprises all data and information gathered about an individual served from the moment he or she enters the organization to the moment of discharge or transfer. As such, the case record functions not only as a historical record of an individual's care, but also as a method of communication among staff that can facilitate the continuity of care, and aid in making decisions about care, treatment, and services.

Whether the organization keeps paper records, electronic records, or both, the contents of the record remain the same. Special care should be taken by organizations that are transitioning from paper to electronic systems, as the period of transition can present increased opportunity for errors in recordkeeping that can affect the delivery of safe, quality care, treatment or services.

Within this chapter is a comprehensive set of requirements for compiling and maintaining the case record. The separate components of a complete case record are listed and arranged within common groups (demographic, clinical, and additional information). This chapter also contains documentation requirements for screenings, assessments, and reassessments; restraint (including physical holding of children or youth) and seclusion; the care, treatment, and services provided; and discharge. The standards provide policies and procedures that guide the compilation, completion, authentication, retention, and release of records.

Examples:

RC 01.01.01: The organization maintains complete and accurate clinical/case records.
    EP 1: The organization defines the components of a complete clinical/case record.
    EP 5: The clinical/case record contains the information needed to support the diagnosis or condition of the individual served
    EP 6: The clinical/case record contains the information needed to justify the care, treatment, or services provided to the individual served.
    EP 7: The clinical/case record contains information that documents the course and result of the care, treatment, or services provided to the individual served.

RC 01.03.01: Documentation in the clinical/case record is entered in a timely fashion.
    EP 1: The organization has a written policy that requires timely entry of information into the record.

RC 02.01.01: The clinical/case record contains information that reflects the care, treatment or services provided to the individual served.

RC 03.01.01: For foster care: The organization defines and maintains information specific to the individual served and his or her family for continuity of care and initiation of improvement in performance.
    EP 2: For foster care: The organization has a plan to maintain a current life book for the child, or a similar way of providing such information.

Rights and Responsibilities of the Individual (RI)

When an organization recognizes and respects the rights of individuals served, it encourages individuals to become more informed and involved in their care, treatment, and services. These individuals ask questions and develop better relationships with the staff providing care, treatment, and services. This acknowledgement of rights helps the individual feel supported by the organization and the staff.

Recognizing and respecting the rights of individuals directly affects the provision of care. Care, treatment, and services should be provided in a way that respects and fosters the individual's dignity, autonomy, positive self-regard, civil rights, and involvement in his or her care. In a climate of respect and trust, communication is enhanced, and issues that might lead to problems in safety or quality can be prevented or addressed. Care, treatment, and services should be planned and provided with regard to the individual's personal values, beliefs, and preferences.

Individuals also have the obligation to take on certain responsibilities. The organization defines these responsibilities and then explains them to the individual. When individuals understand and accept their responsibilities, the concept of partnership becomes a dynamic component of the individual's experience of care, treatment, or services.

The organization shows its support of the individual's rights through its interactions with them and by involving them in decisions about their care, treatment, and services. The standards in this chapter address the following processes and activities:
- Informing individuals of their rights.
- Helping individuals understand and exercise their rights.
- Respecting values, beliefs, and preferences of the individual.
- Informing individuals of their responsibilities regarding their care, treatment, and services.

Note: *This chapter addresses the role of a surrogate decision-maker (e.g. legal guardian) who may participate in situations in which the individual served cannot or chooses not to make decisions. "Individual served" is used in this chapter with the understanding that if the individual served is unable or chooses not to make decisions, the surrogate decision-maker may do so, in accordance with law and regulation.*

Examples:

RI 01.01.01: The organization respects the rights of the individual served.
　　　EP 1: The organization has written policies on the rights of the individual served.
　　　EP 3: The organization treats the individual served in a respectful manner that supports his or her dignity.
　　　EP 6: The organization respects the cultural and personal values, beliefs, and preferences of the individual served.
　　　Ep 9: In 24 hour settings, the organization accommodates the right of the individual to pastoral and other spiritual services

RI 01.06.03: The individual served has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
　　　EP 1: The organization determines how it will protect the individual served from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment or services.

RI 03.01.03: For foster care: The rights of the family of origin are respected
　　　EP 3. The foster care organization's written policies address the right of the family of origin to services that address the conditions that lead to foster placement. (Note: These services may be provided by the organization or by referral, with the goal of having the individual returned to the family of origin.)

RI 03.01.03: For foster care: The organization providing foster care services respects the rights of the foster family.

Accreditation Participation Requirements

This chapter consists of specific requirements for participation in the accreditation process and for maintaining an accreditation award.

For an organization seeking accreditation for the first time, compliance with most of the Accreditation Participation Requirements (APR) is assessed during the initial survey, including the Early Survey Policy Option. Standards APR.09.01.01 and APR.09.02.01 are not assessed during the initial survey but would be reviewed in later surveys.

Organizations are either compliant or not compliant with the APR. When an organization does not comply with an APR, the organization will be assigned a Requirement for Improvement (RFI) in the same context that noncompliance with a standard or element of performance generates an RFI. However, refusal to permit performance of a survey (APR.02.01.01) will lead to a denial of accreditation. Falsification of information (APR.01.02.01) will lead to preliminary denial of accreditation.

Examples:

APR 05.01.01: The organization allows The Joint Commission to review the results of external evaluations from publicly recognized bodies (such as licensing, examining, or reviewing bodies)

APR 08.01.01: The organization accurately represents its accreditation status and the programs and services to which Joint Commission accreditation applies

> **EP 2:** The organization does not engage in any false or misleading advertising about its accreditation award

APR 09.01.01:* The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about the safety of the individual(s) served and quality of care

APR 09.02.01:* Any person who provides care, treatment, or services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the organization.

*Standards APR.09.01.01 and APR.09.02.01 are not assessed during the initial survey but would be assessed in later surveys.

Behavioral Health Home Certification

Behavioral Health Home certification is an additional level of recognition on top of an organization's accreditation. The survey can be done at the same time as the accreditation survey, or in an interim survey.

Behavioral Health Home (BHH) certification is an option available to any organization accredited under the Joint Commission Behavioral Health Care (BHC) accreditation program. The BHH model and the corresponding requirements emphasize the need for the BHH to coordinate and integrate behavioral and physical health care. It is through its strong focus on the coordination and integration of care, treatment, or services that the BHH certification program is expected to be effective in decreasing the high rates of morbidity and mortality found in individuals served with serious mental illness and other behavioral health conditions.

Additional standards apply to Behavioral Health Home certification. They are found in the Accreditation Process Information area under "Behavioral Health Home Certification Option."

Examples of Behavioral Health Home certification requirements:

CTS.02.02.01, EP 7: The assessment data collected include screening and/or assessment results for, at a minimum, the following chronic health conditions: metabolic syndrome, diabetes, hypertension, heart disease, asthma, COPD, Hepatitis C, HIV/AIDS, obesity, any additional chronic physical health condition that the behavioral health home may regularly find in the population it serves.

CTS.03.01.01 EP 13: All physical and behavioral health care, treatment, and service decisions are collaborative and integrated when more than one discipline is involved in the care, treatment and services provided to the individual served.

CTS 04.01.03 EP 24-25: The organization identifies the health literacy needs of the individual served and incorporates the health literacy needs of the individual served into his or her education.

CTS 04.02.25 EP 1: The organization manages transition of care and access to integrated care, including acute care, management of chronic care, prevention services, behavioral health services, oral health care, vision care and urgent and emergency care

IM.01.01.01 EP 6: The organization uses health information technology to do the following:
- Support the continuity of care and the provision of integrated care, treatment, or services
- Document and track care, treatment, or services
- Support disease management, including educating the individual about disease management
- Support preventive care, treatment, or services
- Create reports for internal use and external reporting
- Facilitate electronic exchange of information among providers
- Support performance improvement

PI.01.01.01, EP 40-42: Data is collected to monitor performance on:
- Disease management outcomes
- Access to care
- Experience and satisfaction
- Perception of comprehensiveness of care, coordination of care, and continuity of care.

RI.01.04.03: The organization provides individuals served with information about the functions and services of the behavioral health home

Obtaining the Accreditation Requirements

The full text for all behavioral health care accreditation requirements can be found in the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC). This manual is provided free of charge to organizations applying for accreditation, and free trial access of the electronic version is available prior to applying by contacting us at 630-792-5771 or clicking on the link under the "Requirements" section at www.jointcommission.org/BHCS. **Joint Commission Resources**, a Joint Commission affiliate, also publishes the behavioral health care standards in a variety of formats for those not intending on applying or for those who wish to have additional resources. They can be found at www.jcrinc.com, or by calling the Customer Service Center at (877) 223-6866.

You may also take advantage of a free resource called the Standards Interpretation Group, a help desk for answering specific standards-based questions. The phone number is (630) 792-5900; or access a question submission form (and see FAQs) under "Standards" at www.jointcommission.org.

For information about accrediting your organization, or to schedule an appointment for an orientation to the accreditation manual, contact the Joint Commission's Business Development unit at (630) 792-5771, or visit www.jointcommission.org/BHCS.

Who Can Be Accredited?

Joint Commission accreditation is awarded for a 3-year period. Any behavioral health care organization may apply for Joint Commission accreditation so long as they have provided care, treatment or services to at least three individuals, with at least two active at the time the initial on-site survey is conducted.

The Joint Commission accredits a wide range of behavioral health care programs and services. This includes:
- Addiction Treatment services/programs including residential, outpatient, partial hospitalization and detox
- Opioid Treatment Programs
- Dual Diagnosis and Mental Health programs/services
- Eating Disorders Treatment
- Supervised/Supportive Living Services
- Prevention/Health Promotion Services
- Corrections/Forensic programs
- Outdoor and/or animal-assisted therapy programs
- Technology based (online) services

Joint Commission Accreditation is organizationally-based, so during the on-site survey we will evaluate any and all parts of your organization for which we have accreditation standards.

Accreditation Fees

Accreditation fees are volume-based and dependent upon the number of sites/locations operated. Please see our fee worksheet and cost examples at www.jointcommission.org/BHCS under "Cost" or call us to get an estimate at (630) 792-5771.

Additional Resources:

I have a question about...	I should contact...
Getting Started ➢ Receiving a free trial of the standards ➢ Why choose The Joint Commission ➢ Steps in the accreditation process ➢ Free webinars or workshops ➢ Requesting an application ➢ General behavioral health care accreditation information & cost	**Accreditation Team** **Call:** 630-792-5771 **Email:** BHC@jointcommission.org **Website:** www.jointcommission.org/BHC Also, visit these segment specific pages beginning with www.jointcommision.org: **/BHC** General behavioral health accreditation information **/BHCS** Information about preparing for accreditation, including free webinars **/BHCA** Information about maintaining behavioral health accreditation **/BHH** Information about Behavioral Health Home certification **/BHCins** List of liability insurers offering discounts to accredited organizations
Managing the Accreditation Process ➢ Completing my application ➢ Scheduling a survey date ➢ Completing any requirements after our survey ➢ Any major changes to your organization or leadership staff	**Account Executive** (available after application has been sent) **Call:** 630-792-3007
Standards Help ➢ Interpretation of specific behavioral health care accreditation requirements ➢ How to comply with a specific accreditation requirement	**Standards Interpretations Group** **Call:** 630-792-5900 **Email:** SIGinquires@jointcommission.org **Website:** www.jointcommission.org/standards
Manuals, Education and Training ➢ Purchasing a standards manual ➢ Registering for a Joint Commission education program or conference ➢ Training resources for staff including publications	**Joint Commission Recourses (JCR)** **Call:** 877-223-6866 **Email:** jcrcustomerservice@pbd.com **Website:** www.jcrinc.com

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