The Jo   Commission

Behavioral Health Care Standards Sampler

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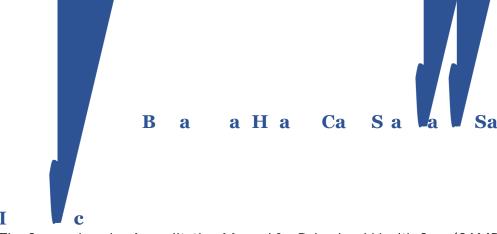
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The Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) contains the set of standards that have been designed to evaluate a variety of behavioral health care settings including mental

C

Leader

Ca ,T a   ,a S c (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

E   Ca   (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 apply5-4(n)- r /t(d)-4( )3(h)-4(2C nce)-3(,)2()-33Otdl3( )6((do)dhe)2(d)-4((a)2(

E   c Ma a   (EM)

An emergency is an unexpected or

H a R c Ma a (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.

I c P a C (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 in

I   a   Ma a   (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:

L a   (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 b(e)-5(s)-s1eatilsieis-lity -

L   Sa   (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 as of b6(a)1( )(y)2(pi)6(h)-5(d3t)5(y)2(i)7(op)-5(d3tc( )5(oft)3o)5(y)2(]TJ0.0/o)5(y)2(]of)4( )5(b

M▮ca▮ Ma▮a▮ (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 o i7 0 Td[74 -6(e)1()-2(ru [(r(p)-g(0 T8(o)1( )6v5(

P   a c I   (PI)

The standards in this chapter address the fundamental principles

R c Ca ,T a ,a S c (RC)

The "Record of Care, Treatment, and Services" (RC) chapter contains information about the components of a complete

Acc   a   Pa c a   R

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

APR

Ob a   Acc   a   R

The full text for all behavioral health care accreditation requirements can be found in the Comprehensive

A   a R   c :

I a a ab	I c ac

G   S a
! Receiving a free trial of the standards
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! General behavioral health care accreditation information & cost
	Acc a T a
	Ca : 630-792-5771
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	W b :
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	Also, visit these segment specific pages beginning with www.jointcommision.org:
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	/BHCS Information about preparing for
	        accreditation, including free webinars
	/BHCA Information about maintaining
	        behavioral health accreditation
	/BHH Information about Behavioral Health Home certification
	/BHC List of liability insurers offering
	        discounts to accredited organizations

Ma a Acc a P c ! Comple plica ! Schedul ey da ! Comple requir ter our surv ! Any maj ges to y organiza leaders ff	**Acc E c** (available after application has been sent) **Ca :** 630-792-3007
S a H ! Interpre on of specifi havioral health c accreditatio quirements ! How to mply with a s cific accredit on requirem t	**S a I a G** **Ca :** 630-792-5900 **E a :** SIGinquires@jointcommission.org **W b :** www.jointcommission.org/standards

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