

BHC NEWS

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In this issue:

Check out Phase 1 revisions to Behavioral Health Care accreditation manual

Revisions for Behavioral Health Care Outcomes Measures standard effective in 2018

Q&A: how organizations can select reliable tools

Introducing Julia Finken, new executive director, BHC Accreditation program

Surgeon General report highlights suggestions for more effective treatment for substance misuse

Upcoming webinar: March 14

Accreditation and certification

Check out Phase 1 revisions to Behavioral Health Care accreditation manual

The Joint Commission is reviewing its Behavioral Health Care (BHC) accreditation manual as part of a two-phase project. The process will identify any standards that need maintenance, as well as clarify existing language, establish new elements of performance, as needed, or revise notes.

Revisions will be effective July 1, 2017, and include:

- A new requirement to the Care, Treatment, and Services (CTS) chapter that organizations identify the criteria and process for each individual's transfer and/or discharge; discuss these with the individual; and incorporate this information into the individual's plan for care, treatment, or services
- A requirement to inspect, test and maintain medical equipment
- A revised requirement for opioid treatment programs



View the [Phase 1 revisions](#). (Contact: Lynn Berry, lberry@jointcommission.org)

Revisions for Behavioral Health Care Outcomes Measures standard effective in 2018

Revisions that are effective Jan. 1, 2018, have been published for Behavioral Health Care Outcome Measures standard CTS.03.01.09 in the Care, Treatment, and Services chapter. The Joint Commission believes the revisions to this standard will increase the quality of the care, treatment, and services provided by accredited customers. The revisions include elements of performance (EPs) that require organizations to use:

- A standardized tool or instrument to monitor an individual's progress
- The results from analysis of the data to inform the individual's goals and objectives as needed
- Their data to evaluate outcomes of the population(s) they serve

(Contact: Lynn Berry, lberry@jointcommission.org)

Q&A: how organizations can select reliable tools

Scott Williams, PsyD, director of health services research at The Joint Commission, recently spoke with *BHC News* about some suggested approaches to selecting instruments to meet the intent of the revised Behavioral Health Care (BHC) Outcome Measures standard. Dr. Williams provided depth about what criteria should be considered when selecting an instrument, and how information from the instrument can be used to determine if treatment is working or not.

BHC News: Does The Joint Commission currently have an approved instrument list for the BHC Outcome Measures standard?

Dr. Scott Williams: Not currently, but at some point, we may develop a list of tools that we believe meet the criteria. However, we will not endorse and are not endorsing one tool over another.

BHC News: What are some of the key criteria to determining which tool to select for this measurement standard?

SW: First, the instrument should be a tool that has been designed for use as a repeated measure — a tool that is sensitive to measuring change associated with the care, treatment, or services being provided. These types of instruments are often referred to as “routine outcome measures,” “measurement-based care instruments,” or “outcome and feedback tools.”

For example, if an individual is seeking services in a community mental health center for problems with depression, can the organization’s selected instrument be administered at first contact, and then re-administered at some frequent interval? A well-constructed instrument will be able to indicate if a change in scores from one point of measurement to another can be considered statistically reliable. Since the goal is to use the data gathered from these instruments, we want to be confident when we see change. The organization should look for an instrument that fits its population, is sensitive to the typical length of service, and can be re-administered frequently enough to allow them to benefit from the data gathered. It is all about objectively answering the question, “Is this individual making progress?”

[Read more](#) on other criteria, what to consider when selecting an instrument, and how to use the data collected to inform care.

People

Introducing Julia Finken, new executive director, BHC Accreditation program

Julia S. Finken, BSN, MBA, CPHQ, CSSBB, is the new executive director of The Joint Commission’s Behavioral Health Care Accreditation program. Finken succeeds Tracy Griffin Collander.

“It is my pleasure to serve as the leader of this important Joint Commission accreditation program,” Finken said. “My career has been dedicated to developing and implementing health care programs that balance quality, efficiency and financial outcomes.”

Finken has worked in a variety of administrative roles in the health care field for more than 25 years, the last three of which have been spent as the associate director of home care business development at The Joint Commission. She also worked as a surveyor for nearly a decade.

Finken earned a bachelor’s degree in nursing with a minor in business economics from California State University, Long Beach. She received her master’s degree in business administration from the Paul Merage School of Business at the University of California, Irvine. She also is a Certified Professional in Health Care Quality and an ASQ-certified Six Sigma Black Belt.

To schedule a call with Finken, contact Susan Bullivant, senior secretary, at 630-792-5771 or sbullivant@jointcommission.org.



Resources

Surgeon General report highlights suggestions for more effective treatment for substance misuse

More than 27 million people across the country recently reported using illicit drugs or misusing prescription drugs, while more than 66 million people reported incidents of binge drinking in the past month. This is according to a November 2016 report from the U.S. Department of Health & Human Services — “[Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#)” — in which the department estimates a yearly impact of \$249 billion for alcohol misuse and \$193 billion for illicit drug use, including health care costs, lost productivity and criminal justice costs.

The aim of the Surgeon General’s report is to “galvanize the public, policymakers and health care systems to make the most of new opportunities that have developed as a result of research, policy development, health care reform and the expansion of evidence-based treatment and recovery support services, so that individual and public health consequences associated with alcohol and drug misuse can be addressed effectively across the country.”

According to the report, only about 10 percent of people with a substance use disorder receive any type of medical treatment. The report also states that more than 40 percent of people with such a disorder also may have a mental health condition, yet fewer than half receive treatment for either disorder. There are more than 10 million full-time workers in the U.S. who have a substance use disorder — making it a leading cause of disability in the country.

The report includes a number of suggestions that health care professionals and professional associations address substance-related health issues with the same sensitivity and care as any other chronic health condition.

The Joint Commission encourages its accredited and certified organizations to consider the Surgeon General’s suggestions, as they often find their way into federal policies and mandates.

“Making the most of these new opportunities in the delivery of care, treatment and services elucidates the Joint Commission’s vision that all people always experience the safest, highest-quality, best-value health care in behavioral health care programs and across all health care settings,” said Megan Marx-Varela, associate director of business development at The Joint Commission. “By adopting an evidence-based public health approach, providers of care, treatment and services have the opportunity to take meaningful steps toward preventing and treating substance use disorders.”

[Read more](#) on this topic, and check out the recent [Dateline @ TJC blog post](#) by Marx-Varela that furthers explores the report and what it means.

Upcoming webinar: March 14

Coming up, a webinar will be held featuring Joint Commission Behavioral Health Care Accreditation staff:

- “[Roadmap to Accreditation - The Steps to Success](#)” — Tuesday March 14, from noon-1 p.m. CT. This webinar will discuss the steps in the accreditation process, show you how to access the requirements, and explore the many resources available to help you with the process.

