

APPROVED: Revisions to Behavioral Health Care Outcome Measures Standard

The Joint Commission announces revisions **effective January 1, 2018**, to Care, Treatment, and Services (CTS) Standard CTS.03.01.09 for accredited **behavioral health care** organizations. Whereas the standard currently requires organizations simply to assess outcomes of care, treatment, or services, the revisions require organizations to assess outcomes by using a standardized tool or instrument. The results of these assessments will be used to inform goals and objectives identified in individual plans of care, treatment, or services (as needed) as well as to evaluate outcomes of care, treatment, or services provided to the population(s) served.

In conjunction with The Joint Commission's plan to pursue this project, several initiatives in the field have recently occurred. Among these is the Kennedy Forum's publication of the Issue Brief "Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services." The Brief states:

All primary care and behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters. Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals for higher intensity services when patients are not improving as expected.*

Measurement-based care has become a high-profile issue in the behavioral health care field, and The Joint Commission

* *The Kennedy Forum. Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services. Accessed Dec 11, 2016. https://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum-MeasurementBasedCare_2.pdf.*


believes that the enhancements to this standard will help accredited customers increase the quality of the care, treatment, and services they provide.


The revisions to Standard CTS.03.01.09 consist of the following:

- Revised element of performance (EP) 1 that requires organizations to use a standardized tool or instrument to monitor an individual's progress
- New EP 2 that requires organizations to analyze the data generated by this activity and use the results to inform the individual's goals and objectives as needed
- Revised EP 2, renumbered as EP 3, that requires organizations to use their data to evaluate outcomes of care, treatment, or services provided to the population(s) they serve

To assist organizations in complying with the revised standard, The Joint Commission is developing supplemental materials that will contain information on standardized tools and instruments that are available to organizations. In addition, The Joint Commission is providing the field with one year instead of six months to prepare for implementation of these revisions (hence the effective date of January 1, 2018).

Revisions to Standard CTS.03.01.09 are provided below (new text is underlined and deleted text is shown with ~~strike through~~) and will be posted on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. The revisions will be published in the fall 2017 E-dition® and print updates for the *Comprehensive Accreditation Manual for Behavioral Health Care*.

Please contact Lynn Berry, project director, Department of Standards and Survey Methods, at lberry@jointcommission.org for more information. 



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Revisions to Outcome Measures Standard

APPLICABLE TO BEHAVIORAL HEALTH CARE

Effective January 1, 2018

Care, Treatment, and Services (CTS)

Standard CTS.03.01.09

The organization assesses the outcomes of care, treatment, or services provided to the individual served.

Element of Performance for CTS.03.01.09

1. The organization uses a standardized tool or instrument to
2. The organization gathers and analyzes the data gener-

monitors the individual's progress in achieving his or her care, treatment, or service goals.

Note: Ideally, the tool or instrument monitors progress from the individual's perspective. The tool or instrument may be focused on a population or diagnostic category (such as depression or anxiety), or the tool or instrument may have a more global focus such as general distress, functional status, quality of life (especially in regard to intellectual/developmental disabilities and other physical and/or sensory disabilities), well-being, or permanency (especially in regard to foster care).

ated through standardized monitoring, and the results are used to inform the goals and objectives of the individual's plan for care, treatment, or services as needed. (See also CTS.03.01.03, EP 4)

2. 3. The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01).

3. 4. **For organizations that provide eating disorders care, treatment, or services:** The organization assesses

outcomes of care, treatment, or services based on data collected at admission. Examples of such data include complete history and physical including height, weight, frequency of binge eating and purging (when applicable), eating disorder diagnosis, Body Mass Index (BMI), heart rate, date of last period, and other appropriate lab tests (such as potassium, phosphorus, thyroid, hemoglobin, and glucose) as determined by the organization and in accordance with the level of care provided. (See also CTS.02.03.11, EP 1).