

Joint Commission Behavioral Health Professional and Technical Advisory Committee

NORLYN ASPREC is a member of American Dance Therapy Association and volunteers as the NCCATA representative to the Joint Commission. In December 2013 NCCATA was invited by the Joint Commission to join their new Professional and Technical Advisory Committee (PTAC) on Behavioral Health. ADTA member Norlyn Asprec volunteered to represent NCCATA at the teleconferences that constitute the groups' meetings. The first teleconference was held in March 2014. In the past, NCCATA was represented at the Joint Commission by AMTA staff member, Judy Simpson. NCCATA is pleased to be able to continue being represented at Joint Commission and credits Judy with establishing a presence over the years that allowed this to take place. Below is a report from the first Joint Commission Behavioral Health PTAC meeting in March, 2014. The PTAC discussed the request to review the proposed revisions to the Human Resources chapter for the Behavioral Health Care accreditation program. The revisions include the following some requirements were moved to other chapters where they were determined to be a better fit, number of requirements were deleted since they were no longer relevant, number of requirements were clarified to reflect the behavioral health care field, and some new requirements have been proposed to make the standards/elements of performance more relevant to the field. Staff convened conference calls with the 4 BHC Advisory Councils and began a field review of the revisions to the HR chapter. The proposed revisions will be presented to the Standards and Survey Procedures Committee in May. Some of the results from the field review included 86% of respondents indicated that all staff receive clinical supervision based on their job duties is clear and 97% of respondents indicated that each job description identifies competencies of the position.

Report from Norlyn Asprec, NCCATA representative to the Joint Commission - Behavioral Health Professional and Technical Advisory Committee (PTAC)

Although a meeting was scheduled for the summer of 2014, the meeting did not take place. During the PTAC conference call on Oct. 10, 2014 topics for discussion were the

development of new requirements for eating disorders and rapid re-housing/homelessness programs. It was mentioned on the call that the standards there should be more emphasis on the medical issues of eating disorders. Also, there is need for adequate attention to all psychiatric diagnoses; not just eating disorders. In addition, the importance of understanding the patient's ethical and cultural preference(s) with eating disorder treatment. Another aspect of importance is highlighting the trauma associated with eating disorders, how substance abuse can lead to disordered eating, and rehabilitation life skills. Lastly, it was mentioned that the advisory panel should support evidence based literature and practices. For rapid re-housing programs, there are a couple of states including Massachusetts, Texas, Oregon, Washington and Florida that provide this type of program to the homeless. There is some information on the Substance Abuse and Mental Health Services Administration's website. They have a strategic initiative on housing. The VA National Center on Homelessness among veterans is conducting research and teaming up with University of Pennsylvania, University of South Florida, Yale, and the University of Massachusetts. As these requirements are in the process of being developed, there is some concern that the bar may be set too high. The names of any experts in these two fields who may be potential candidates for the technical advisory panels were requested.

Those suggested in the meeting were:

Vincent Kane, the center director and John Kuhn, the national director for the VA

Sam Tsemberis: Pathways to Housing in New York City

Troy Christensen: Tacoma, Washington

Report from Norlyn Asprey, NCCATA representative to the Joint Commission - Behavioral Health Professional and Technical Advisory Committee (PTAC)

On the March 2, 2015 conference call eating disorders and the draft requirements for a multidisciplinary team used to treat patients diagnosed with an eating disorder were discussed. Below are comments regarding the multidisciplinary team.

Specific core members of the multidisciplinary team:

A PTAC member suggested that occupational therapy (OT) should be added to the multidisciplinary team, because if their specialty is not listed they could be left out. In other words, the list should not create a barrier to those not listed from becoming a part of the team. They indicated that from their experience agencies use standards as a way to dictate who is consulted.

If the Joint Commission decides to make a list, then they should add those disciplines to the list. Another PTAC member commented that the composition of the multidisciplinary team should be dictated by the level of care needed. Another PTAC member suggested having a basic list of core members but add a second list with possibility of other members.

Lastly, another PTAC member stated that the standards should go in a different direction and focus on the minimum required components of a good eating disorder program. The standards should state that the organization needs to provide appropriate staff to address each of those required components. Other PTAC members concur that it is a good idea to focus on core clinical components.

The creative arts therapies was suggested for the multi-disciplinary team and that a broad category could be created to cover all these modalities. It is important that patient assessment occurs and incorporating the therapy into treatment is based on the needs of the individual served.