

Documentation of Care, Treatment, or Services in Behavioral Health Care and Human Services

Second Edition



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Introduction

Much has changed since the first edition of this book was published in 2018. For one thing, although no longer a declared public health emergency, COVID-19 has had significant adverse effects on mental health globally. Published in January 2023, a report titled *Overview of the Impacts of Long COVID on Behavioral Health* from the Substance Abuse and Mental Health Services Administration (SAMHSA) reveals that survivors of COVID-19 have increased rates of mental health and cognitive problems compared to individuals who have not been infected with SARS-CoV-2. A meta-analysis of studies around the world shows that the overall prevalence of depression, anxiety, and sleep disturbances among COVID-19 survivors was 45%, 47%, and 34%, respectively, compared to 33%, 31%, and 20% in non-COVID populations. In addition, a systematic review of the literature found indications of cognitive impairment and at least one psychiatric disorder six months after contracting COVID-19 in 56% of patients, with difficulty concentrating (24%) and generalized anxiety disorder (30%) being the most prevalent long-COVID conditions.¹

Even among people who haven't contracted COVID-19 or who have had only mild symptoms, bereavement from the loss of loved ones, social isolation during lockdowns, disruptions in employment and work culture, financial instability, and ongoing fear and anxiety due to the unpredictable nature of the virus have taken a toll on individuals' emotional well-being. A recent survey by the Kaiser Family Foundation (KFF) and CNN found that 90% of adults in the United States believe that the country is facing a mental health crisis three years after the onset of the COVID-19 pandemic.² And in May 2023, Vice Admiral Vivek H. Murthy, MD, MBA, issued *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*. This report emphasized that the pandemic accelerated a decline in "social participation" (the amount of time spent in person with friends), which had been decreasing for decades.³

Influenced by but not entirely due to the pandemic, there has been an alarming surge in mental health problems among adolescents in particular. In 2021 Murthy issued *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*, which focused mainly on addressing pandemic-related behavioral and emotional problems.⁴ Two years later, he has issued another youth mental health advisory, blaming the rise in teen depression and anxiety to a large extent on the habitual use of social media.⁵

In this time of dire statistics and warnings about the state of mental health, the importance of behavioral health care and human services cannot be overstated. Effective, accurate, and thorough documentation is vital to the provision of such services and to tracking and improving treatment/care outcomes: This is the overriding goal of *Documentation of Care, Treatment, or Services in Behavioral Health Care and Human Services*, Second Edition.

Why This New Edition

Changes in The Joint Commission's Behavioral Health Care and Human Services (BHC) accreditation program since 2018 and recent compliance concerns have also spurred the publication of this new edition:

- In 2020 The Joint Commission updated its child welfare standards and changed the name of the BHC program (originally established in 1969) from Behavioral Health Care to Behavioral Health Care and Human Services. This resulted in 75 new elements of performance (EPs) and 12 revised EPs. Accordingly, effective January 1, 2021, the title of the corresponding manual was updated to *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*. See ["Changes to Behavioral Health Care and Human Services Documentation Standards"](#) on page 2 for additional details.
- In 2022 the top five higher-hazard EPs cited for BHC organizations across all the CAMBHC chapters were from

National Patient Safety Goal (NPSG) **Standard NPSG.15.01.01:** Reduce the risk for suicide. Out of the 1,811 BHC surveys conducted in 2022, 66.37% of organizations were not compliant with this standard.

- A few EPs in the “Care, Treatment, and Services” (CTS) chapter requiring documentation also counted among the most-cited higher-hazard requirements for BHC organizations in 2022:
 - **CTS.02.01.11, EP 1:** The organization screens all individuals served to identify those for whom nutritional assessment is indicated. At a minimum, the screening includes questions about the following:
 - Food allergies
 - Weight loss or gain of 10 pounds or more in the last 3 months
 - Decrease in food intake and/or appetite
 - Dental problems
 - Eating habits or behaviors that may be indicators of an eating disorder, such as bingeing or inducing vomiting
 - **CTS.02.02.05, EP 2:** The organization identifies individuals who may have experienced trauma, abuse, neglect, or exploitation during initial screening and assessment and on an ongoing basis.

Note: For child welfare: *The agency also identifies family members, including from the family of origin and/or resource family, who may have experienced trauma, abuse, neglect, or exploitation. The agency defines which family members to include in this process.*
 - **CTS.03.01.03, EP 1:** The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.

With the Certified Community Behavioral Health Clinic (CCBHC) model of care continuing to grow, The Joint Commission has developed new standards specific to CCBHCs. In July 2023, The Joint Commission debuted its new CCBHC accreditation program, which is aligned with SAMHSA criteria.

Changes to Behavioral Health Care and Human Services Documentation Standards

As mentioned above, several Joint Commission behavioral health care standards requiring documentation are new or have changed in recent years. Always check the most current version of the standards in the *CAMBHC* or its E-dition® counterpart for requirements appropriate to your program settings. Documentation requirements are indicated by a documentation ⓘ icon next to the requirement.

Some of the recent changes to requirements relevant to clinical/case documentation are summarized below.

Child welfare services

Effective September 13, 2020, The Joint Commission adopted new child welfare standards that incorporate federal requirements related to the Family First Prevention Services Act. The resulting new and revised EPs emphasize family preservation and reunification, as well as improving the safety and quality of care.

Per these standards, organizations providing child welfare services must comply with the following requirements, among others:

- Develop a safety plan with the family’s input.
- Include family members (including family of origin and/or resource family) when assessing potential experience of trauma, abuse, neglect, or exploitation.
- Meet additional criteria in performing these activities:
 - Developing and reviewing a case plan for each individual served
 - Assessing individuals for needed services and/or placement
 - Assessing a resource parent
 - Conducting intakes and investigating reports of abuse or neglect

Opioid treatment programs

Opioid treatment programs, as defined in the *CAMBHC*, are required to conduct medical assessments and testing according to current applicable national guidelines established for any medication-assisted treatments.

Individuals with addictions

Organizations providing care, treatment, or services to individuals with addictions must do the following:

- Develop a plan for care, treatment, or services that reflects the individual's assessed needs, strengths, preferences, and goals.
- Meet additional requirements for assessing the individual's history of addictive behaviors.

Acute 24-hour settings

Organizations providing care, treatment, or services in acute 24-hour settings must assess all individuals served for pain.

All settings with BHC accreditation

Any behavioral health care or human services setting accredited by The Joint Commission must include the following information when assessing individuals served:

- The individual's race and ethnicity in the clinical/case record, for purposes of improving health care equity
- The individual's health-related social needs (HRSNs)
- Identification of divorce or incarceration of a family member when evaluating the family circumstances
- Results of a screening for suicidal ideation by using a validated screening tool
- Results of a suicide assessment for individuals who screen positive for suicidal ideation by using an evidence-based process
- Documentation of an individual's overall level of suicide risk and the plan to mitigate that risk

Content of this Book

As in other areas of health care, documentation affects nearly every aspect of care, treatment, or services in behavioral health care and human services. The list of documentation types and uses addressed in this book is long and includes the following:

- Screenings and assessments to support the development of a plan of care, treatment, or services and to guide ongoing interactions with the individuals served
- Plans to guide care, treatment, or services and progress notes to provide a means of communication among

clinicians, staff, and individuals served (and their families or guardians and significant others, as appropriate)

- Assessments, plans, and progress notes to justify interventions to third-party payers
- Performance measurement data to help organizations identify potential or actual problems in their processes and to improve the quality of care, treatment, or services

Documentation of Care, Treatment, or Services in Behavioral Health Care and Human Services, Second Edition, also emphasizes the following priorities.

Measuring outcomes

Documentation should support the measurement of an individual's outcomes as that person responds to care, treatment, or services—outcomes that are applicable to multiple purposes, including adapting the plan for care, treatment, or services as necessary.

Adjusting plans to support the individual's progress

Documentation should inform and support changes to the individual's plan for care, treatment, or services as the individual progresses (or regresses).

Integration of physical and behavioral health care

Documentation should integrate both physical and behavioral/emotional assessment of the individual served to identify and address areas where those aspects of health affect each other.

Care, treatment, or services centered on the individual served

Documentation should incorporate the individual's own words as much as possible to encourage that person's investment in progress toward recovery or as part of continuing care, treatment, or services.

High-quality, effective documentation

Documentation should be easy to read and understand, thorough, accurate, and timely.

Recovery/resilience

Documentation should support the recovery or resilience of individuals served, always focused on how the individual's needs, strengths, and preferences can be used to meet the individual's goals.

Audiences for This Book

This book is written for anyone in a behavioral health care or human services organization who works with documentation of the care, treatment, or services provided to individuals served. The focus is on helping accredited organizations maintain compliance and create and use effective documentation. However, nonaccredited organizations may also benefit from this book, as they can use it to learn about The Joint Commission's expectations regarding documentation.

The primary audience for this book includes the following:

- Behavioral health care and human services professionals, especially those providers who create and document plans of care, treatment, and services and record progress and reassessment
- Accreditation and certification professionals—in particular, those who will be reviewing provider documentation to ensure compliance with standards requirements

Performance/quality improvement and risk management professionals may also benefit from the guidance in this book.

Structure of This Book

Documentation of Care, Treatment, or Services in Behavioral Health Care and Human Services, Second Edition, is a clear, concise, accurate reference that breaks down complex concepts into easy-to-digest pieces. You can read them in order, or you can jump to the topic you need. The book includes three chapters, with updated content integrated throughout:

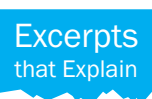
- **Chapter 1—Overview of Behavioral Health Care and Human Services Documentation:** This chapter introduces the basic concepts of documentation in behavioral health care. It explains the importance of documentation and describes the various types of documentation that occur during care, treatment, or services. Discussions of the cyclical process of care,

treatment, or services and the core steps of that process are central topics in the chapter.

- **Chapter 2—Documentation of Screening and Assessment of Care, Treatment, or Services:** This chapter discusses several important types of screenings and assessments used in behavioral health care, including the initial, physical, and behavioral/emotional screenings and assessments. Information on other assessment data—such as strength, cultural, generational, and spiritual assessments—is also provided. The chapter concludes with discussions of analyzing data collected from screenings and assessments and common challenges you may encounter when performing these activities.
- **Chapter 3—Documentation of Planning, Delivery, and Continuity of Care, Treatment, or Services:** This chapter focuses on how information gathered through screenings and assessments is used in the planning, delivery, and continuity of care, treatment, or services. It emphasizes the participation of the individual served throughout the process—from creating the individualized plan for care, treatment, or services, to responding to changes, to transitioning to another level of care, treatment, or services through transfer or discharge.

Chapter elements and formatting

This new edition includes narrative text to provide context for the infographics, sidebars, and special features contained within. The special features include the following:



- **Excerpts That Explain**—Relevant excerpts from the introductions and rationales within Joint Commission standards



- **Examples to Examine**—Examples of documentation entries that demonstrate appropriate language style and content for documentation discussed in the chapter



- **Successful Strategies**—Information on how to apply this book's content to special programs/settings and strategies or tips that address related issues



- **Scenarios to Study**—Description of a process or approach that addresses issues related to the standards and key concepts covered in the text

As is fitting for a book about documentation, this edition includes many templates, checklists, forms, and other tools, which are both printed in the book/e-book and available as customizable, downloadable tools. In this edition, “Tools to Try” are presented at the end of each chapter.

Finally, the end-of-book Glossary defines the key terms highlighted in orange in the chapters.

Acknowledgments

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