Accreditation Status and Quality Indicators:

A National Perspective on Children’s Mental Health Care

Madeline Y. Lee MSSW, PhD
Alicia McCraw
Tulane University
School of Social Work
A growing yet understudied phenomenon

- Accreditation could be a means to improving quality of mental health care (Cerqueira, n.d.; IOM, 2006; Mays, 2004; US HHS, 1999).

- The Joint Commission, CARF, and COA are the nation’s largest accreditors of mental health care.

- Thousands of organizations are spending a great deal of time and resources to become accredited, yet the research on the effectiveness of accreditation is “at an embryonic stage” (Braithwaite et al., 2006, p. 116).
Research Questions

- This study aims to understand the accreditation phenomenon by examining the relationship between accreditation status and quality indicators.

1. Is a children’s mental health facility accreditation status associated with the report of quality indicators?

1. Are children’s mental health facilities accredited by certain accreditors more or less likely to report quality indicators?
A First Look at National Data on Accreditation

- SAMHSA’s National Survey of Mental Health Treatment Facilities
  - A national inventory of mental health facilities in the United States
  - Conducted periodically since 1970
  - Currently a biennial survey
  - Includes approximately 14,000 facilities nationwide
  - Now includes questions regarding accreditation and quality indicators
Methods

- Data were from the most current, available version of SAMHSA’s National Survey of Mental Health Treatment Facilities (NSMHTF)
  - Collected September 2008 through May 2009
  - 8,247 facilities serving children and/or adolescents

- Chi-square analyses examined if accreditation status was associated with facilities’ reporting of quality indicators.

- Logistic regression analyses examined if facilities accredited by certain accreditors were more likely to report quality indicators.
Methods

- Accreditation Status (accredited by the Joint Commission, COA, CARF, or none)

- Quality indicators included:
  - QA practices
    - regularly scheduled case reviews with supervisor
    - regularly scheduled case reviews with a quality review committee
    - client outcome follow-up after discharge
    - periodic utilization review
    - periodic client satisfaction surveys
    - monitoring continuing education requirements for professional staff
  - Provision of evidence supported treatments (ESTs)
    - therapeutic foster care (TFC)
    - multi-systemic therapy (MST)
    - functional family therapy (FFT)
  - Practices to increase client safety
    - report of initiatives toward reduction of seclusion and restraints.
## Findings: Accreditation Status

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
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<td>Not accredited</td>
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<td>Accredited</td>
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<td>COA only</td>
<td>1218</td>
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<td>CARF and JC</td>
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<td>COA and JC</td>
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Findings: Accreditation Status and Quality Indicators

- Compared to non-accredited facilities, more accredited facilities reported implementation of each QA practice.

- There was a significant, negative association between accreditation status and facilities providing TFC; more non-accredited facilities provided TFC. There was no significant association with provision of MST or FFT.

- There was a significant association between accreditation status and safety; more accredited facilities reported initiatives to reduce seclusion and restraint practices.
Findings: Accréditor and Quality Practices

- Compared to JC-accredited facilities, COA-accredited facilities were:
  - 66% more likely to conduct follow-up after discharge
  - 155% more likely to conduct case reviews with a supervisor
  - 116% more likely to have case reviews by a quality review committee
  - 115% more likely to conduct client satisfaction surveys
  - 28% less likely to conduct utilization reviews
  - 36% less likely to monitor continuing education for staff

- Compared to JC-accredited facilities, CARF-accredited facilities were:
  - 123% more likely to conduct client follow-up discharge
  - 92% more likely to conduct client satisfaction surveys
  - 56% more likely to have case reviews by a quality review committee
  - 38% more likely to monitor continuing education for staff
Findings: Accreditor and Evidence Supported Treatments

- Compared to JC-accredited facilities, COA-accredited facilities were:
  - 18% more likely to report practicing FFT
  - 20% more likely to report practicing MST
  - 227% more likely to report practicing TFC

- Compared to JC-accredited facilities, CARF-accredited facilities were:
  - 39% more likely to report providing MST
  - 42% more likely to report providing TFC
Findings: Accrreditor and Client Safety

- Compared to JC-accredited facilities,
- COA-accredited facilities were 60% less likely and
- CARF-accredited facilities were 28% less likely to report implementation of safety initiatives.
Discussion

- Accreditation was associated with several quality indicators possibly because all three accreditors require facilities to implement quality assurance efforts.

- While JC was the most popular accreditor of children’s mental health facilities, COA and CARF accredited facilities were often more likely to report implementation of QA practices.

- Accreditation’s lack of or negative association with facilities’ provision of ESTs may reflect that accreditors do not specifically prescribe the use of particular ESTs.

- JC-accredited facilities were more likely to report implementation of safety initiatives; this has been an emphasis of JC.
Limitations

• SAMHSA’s NSMHTF still does not include every facility.

• Limited measure of quality of care based on the survey questions

• Captures only one point in time

• This study is a step towards understanding the impact of accreditation on quality of mental health care.
Implications

- Accreditation can potentially influence quality of mental health care.
- Accreditors’ standards should be even more focused on quality improvement, evidence supported treatments, and evidence-based practice.
- Future research is needed to answer:
  - Should accreditation be recognized in various policies?
  - What is accreditation’s impact on agency programs and client outcomes over time?
• Funded by the Fahs-Beck Fund for Research and Experimentation

• Special thanks to Laura Milazzo-Sayre at SAMHSA

• mlee17@tulane.edu

• Thank you!