

## **Site Accreditation Report – Three Rivers Mental Health and Chemical Dependency Center**

**Completed: June 5-6, 2018**

### **Levels of Care Reviewed:**

#### **Substance Use Disorder (SUD) Service**

**Outpatient Services**

**Prevention**

#### **Mental Health Services**

**Outpatient Services**

**Child and Youth or Family Services (CYF)**

**Comprehensive Assistance with Recovery and Empowerment Services (CARE)**

**Review Process:** Three Rivers Mental Health and Chemical Dependency Center was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information is derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 95.4%**

**Combined Client Chart Review Score: 97.4%**

**Cumulative Score: 97.2%**

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## **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:** The agency provides a wide variety of services. The agency's policies and procedures are well organized and easy to follow. The agency has many connections with community organizations as well as surrounding communities. The board meets monthly for prevention and the meeting minutes are detailed. The agency provides data to show how the prevention has been working within their community. Clients interviewed shared positive feedback and found Three Rivers Mental Health and Chemical Dependency Center to be a supportive environment. The agency invests in their employees and provides trainings to advance their knowledge. Three Rivers' has many long term employees. The agency embraces the team approach and values employees' opinions. The agency works together to cover a large catchment area.

### **Recommendations:**

1. The agency has a policy and procedure on closure and storage of case records at the completion or termination of a treatment program; but the policy states SUD inactive clients who have not received services from an outpatient program to be closed within 3 months. In order to be in compliance with

ARSD 67:61:07:04 1-2, the policy needs to be changed to state SUD clients who have not received services from outpatient programs shall be closed within 30 days.

### **Plan of Correction:**

The following areas will require a plan of correction to address each rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. In review of the prevention agency's annual satisfaction surveys for all individuals or stakeholders who participated in prevention services the agency has been conducting surveys on a bi-annual basis. According to ARSD 67:61:11:08-2, prevention program needs to be conducting surveys on an annual basis.
2. According to ARSD 67:61:11:08-3, all prevention agencies shall conduct participant evaluations after each prevention presentation provided. The agency did not have evidence of these evaluations being completed during the time of the review.
3. According to ARSD 67:61:11:08, each prevention agency shall complete a quality assurance review of its prevention programming with an annual summary report. The review needs to include a QA to identify qualitative problems and recommendations for plans on correcting them. The agency did not have the QA available during the review.

### **CLIENT CHART REVIEW SUMMARY**

**Strengths:** The integrated assessments are organized and concise. The clients interviewed shared positive feedback regarding the services provided by the agency. The agency embraces the use of non-billable or missed appointment notes which helps tell the story of the client in their charts. Staff members show passion in the work they do with their clients. The files are well organized and easy to follow. The mental health charts show the treatment plan reviews and supervisor reviews are done on time or early. In review of the substance use disorder charts, the progress notes and continued service reviews are concise and detailed. The discharge summaries for both MH and SUD charts are detailed and thorough.

### **Recommendations:**

1. In review of the client's integrated assessments for substance use and mental health, at least one or more assessments were missing the following requirements in ARSD 67:61:07:05 and 67:62:08:05:
  - Strengths of the client's and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable.
  - Past or current indications of trauma, domestic violence, or both if applicable;

The agency should ensure all required elements are addressed in the assessments for both substance use and mental health, even when one or more topic is not applicable to a particular client, so it is clear that

all elements were assessed. It is also recommended that CARE assessments provide more detail about family psychiatric history.

2. According to ARSD 67:61:07:10 and 67:62:08:14, if the client prematurely discharges from services, reasonable attempts shall be made and documented to re-engage clients into services. In review of the mental health charts and substance use charts, three of the charts did not document reasonable attempts were made to re-engage the client into services. It is also recommended that the clinician complete a progress notes to show their attempts at re-engagements when a client leaves services.
3. In review of the SUD outpatient charts, treatment plans shall be completed within 30 days of admission. Three out of nine charts requiring treatment plans were not completed within 30 days of admission according to ARSD 67:61:07:06. Ensure the treatment plans are completed within the timeframe for compliance with this rule.

### **Plan of Correction:**

The following areas will require a plan of correction to address each rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:07:12, a tuberculin screening for the absence or presence of symptoms shall be conducted within 24 hours of admission into services to determine if the client has had any symptoms within the previous three months. Three charts were missing documentation the screening was completed within 24 hours after admission or onset of initial SUD services. Three charts documented the absence or presence of symptoms by completing the checklist however it was hard to determine if the screening was completed within 24 hours after admission or onset of initial SUD services as the questions were completed at the same time the assessment was completed and the assessment was dated a week later. The agency needs to ensure the TB screening is signed off within 24 hours after admission or onset of initial services.