

Plan of Correction

Program Name: University of South Dakota, Student Counseling Center	Date Submitted: 04/01/2019	Date Due: 05/01/2019
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Client Chart POC-1

Rule #: 67:61:07:05	<p>Rule Statement: Integrated assessment. An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:</p> <ol style="list-style-type: none"> (1) Strengths of the client 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; (2) Presenting problems or issues that indicate a need for services; (3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; (4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; (5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; (6) Family and relationship issues along with social needs; (7) Educational history and needs; (8) Legal issues; (9) Living environment or housing; (10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; (11) Past or current indications of trauma, domestic violence, or both if applicable; (12) Vocational and financial history and needs;
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	<p>(13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;</p> <p>(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;</p> <p>(15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable;</p> <p>(16) Clinician's signature, credentials, and date; and</p> <p>(17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.</p> <p>Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.</p>
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Area of Noncompliance: Five out of six charts did not contain the client's strengths (component 1) within the integrated assessment.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Although the expectation is to include the strengths in the clinical impression area on the TNA template, it often times gets overlooked. We have added a separate section for client strengths which will trigger the counselor to complete the specific area designated for strengths. The TNA template has been updated in the policies and procedures manual and the policy description specifies this change as well.</p>	<p>Anticipated Date Achieved/Implemented: Date 4/10/2019</p>
<p>Supporting Evidence: Attached please find a copy of the TNA template, updated policy and updated QCR form.</p>	<p>Person Responsible: Debra Robertson</p>
<p>How Maintained: Previously, the strengths are included as a component of the TNA on the Quality Care Review Form. We have separated the components of the TNA out (strengths included) so that these specifics are checked off one by one. This should eliminate any oversight during the QCR process in the future.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Program Director Signature: Debra Robertson, LCSW-PIP, LAC, QMHP</p>	<p>Date: 4/10/2019</p>
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Send Plan of Correction to:

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