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## **Accreditation Report – Brookings Behavioral Health & Wellness**

**Date of Review: November 14-15, 2022**

**Accreditation Outcome: SUD - Three Year Accreditation  
MH – Three Year Accreditation**

### **REVIEW PROCESS:**

Brookings Behavioral Health & Wellness was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on November 14-15, 2022. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score. As of June 1, 2021, reviews of mental health services and substance use disorder services have been separated, resulting in two separate scores. The separation is reflected on this report.

### **AGENCY SUMMARY:**

Brookings Behavioral Health & Wellness is a community mental health center located in Brookings, S.D. The agency is seeking to renew accreditation for prevention, outpatient substance use disorder services, outpatient mental health services, Children Youth and Family Services(CYF), and Comprehensive Assistance with Recovery and Empowerment (CARE). They also provide 24/7 emergency services including crisis intervention.

Mary Beth Fishback is the executive director of Brookings Behavioral Health & Wellness. Their mission statement is “to provide comprehensive, integrated behavioral health services that promote well-being and quality of life for all.”

Brookings Behavioral Health & Wellness works closely with the schools in their catchment area as well as the area Boys & Girls Club. They also provide additional services such as family support groups. Brookings Behavioral Health &

Wellness is currently in the process of expanding their current location to provide more space for staff and clients. In recent years, Brookings Behavioral Health & Wellness has focused on employee training and development, which they report has had a positive impact on staff autonomy and retention.

### **INTERVIEW RESULTS:**

**Description:** The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used to corroborate information found in file reviews and are used for quality improvement of the agency.

*The Office of Licensing and Accreditation interviewed two clients. Both clients were pleased with the services they receive. Clients voiced that they feel heard and validated. They report that staff go out of their way to help clients and work collaboratively with clients to find solutions.*

*The Office of Licensing and Accreditation interviewed five employees. All employees interviewed shared that they enjoy working at Brookings Behavioral Health & Wellness. Staff shared that they are very short on space and have had to use offices as group rooms for clients, and staff are excited to expand their space. Clinical staff who were interviewed acknowledged positive relationships with their supervisors and supervisors interviewed acknowledged positive relationships with their staff. Staff noted that there is a positive culture and staff work together well as a team.*

### **STAKEHOLDER SURVEY:**

**Description:** Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are

not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

*Brookings Behavioral Health & Wellness received five stakeholder survey responses for fiscal year 2022. The majority of stakeholders agreed that Brookings Behavioral Health & Wellness actively communicates about their clients and treatment progress. Most stakeholders also agreed that Brookings Behavioral Health & Wellness are responsive to the needs of the community and are competent to deliver the services they offer. Overall, stakeholders have a positive view of Brookings Behavioral Health & Wellness.*

### **AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** The following area is identified as areas that the agency is recommended to review and ensure that the area is corrected. The areas identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. Brookings Behavioral Health & Wellness submitted a low number of data outcome tools, and thus it was difficult to determine their successful discharge rates, re-entry rates, and other important clinical outcome data.

### **AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** The following areas will require a plan of correction to address the 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 the rule.

1. According to 67:61:05:01, tuberculin screening requirements for employees are as follows:
  - a. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin

- testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test;
- b. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;
  - c. Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium tuberculosis*. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer to the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
  - d. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

*All reviewed SUD employee files contained the first step of the TB skin test, but were missing the second step of the test.*

2. According to ARSD 67:61:05:05, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:
  - a. Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
  - b. The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 CFR Parts 160 and 164 (April 17, 2003);
  - c. The proper maintenance and handling of client case records;
  - d. The agency's philosophical approach to treatment and the agency's goals;
  - e. The procedures to follow in the event of a medical emergency or a natural disaster;
  - f. The specific job description and responsibilities of employees;

- g. The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and
- h. The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

*All reviewed personnel files had the required components completed in orientation, but none of the files had the orientation completed within 10 working days.*

- 3. According to 67:61:05:12. Each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

*None of the reviewed personnel files had evidence of checks of the Inspector General's Medicaid Exclusion List. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends completing the checks at least annually.*

- 4. According to ARSD 67:61:11:07, an agency conducting prevention services shall maintain a record of all prevention activities provided in accordance with the described program content. Each record shall include:
  - a. A list of presenters and participants involved using non-identifiable information;
  - b. Demographic characteristics of participants, including:
    - i. Age;
    - ii. Race/ethnicity;
    - iii. Gender;
    - iv. Type of prevention population, such as universal, selective, or indicated; and
    - v. Any other information as requested by the division;
  - c. Record of all program activities; and
  - d. A copy of the programmatic materials.

*Brookings Behavioral Health & Wellness did not provide prevention services during 2022, and do not have lists of presenters and participants nor demographic characteristics on file for services provided in 2021.*

*Brookings Behavioral Health & Wellness needs to submit their strategic plan for prevention services and any additional information or documentation that will help explain their upcoming 2023 prevention work.*

5. According to ARSD 67:61:11:08, an agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct the following:
  - a. Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services;
  - b. Participant evaluations after each prevention presentation the agency provides; and
  - c. *Pre and post tests for all evidence based curricula presented to individuals.*

A summary of these reports shall be made available to the board of directors or agency staff annually, and to the division and community members upon request.

*Brookings Behavioral Health & Wellness did not provide prevention services during 2022, and do not have satisfaction surveys, participant evaluations, or pre and post tests on file for services provided in 2021.*

*Brookings Behavioral Health & Wellness needs to submit examples of the satisfaction surveys, participant evaluations, and pre and post tests they plan to use in 2023.*

6. According to ARSD 67:61:07:05(1), 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:

- a. *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.*

*Three out of seven reviewed outpatient SUD integrated assessment did not contain strengths of the client.*

7. According to ARSD 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 14 calendar days for intensive outpatient services and every 30 calendar days for outpatient services.

*All eight reviewed outpatient treatment files had continued service criteria documented at least every 30 days, however six out of eight did not contain individual plans of action to address the reasons for the client being retained at the current level of care.*

8. According to ARSD 67:61:07:10, an addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in the place to ensure that the transfer or discharge is completed in the MIS. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate

*All four reviewed files in which clients prematurely discharged were missing documentation of reasonable attempts at re-engagement.*

**PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** Brookings Behavioral Health & Wellness was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in November 2020. There were eight plan of correction items

regarding Substance Use Disorder services during the 2020 review. Six of the eight plan of correction items have been corrected for the 2022 review. The two that remain out of compliance involve tuberculosis testing for new employees contained in ARSD 67:61:05:01, and re-engaging clients who prematurely discontinue services contained in ARSD 67:61:07:10.

**SUBSTANCE USE DISORDER ACCREDITATION RESULTS:**

x	Three Year Accreditation
	Two Year Accreditation
	Probation

**AREAS OF RECOMMENDATION FOR MENTAL HEALTH SERVICES:**



**Description:** The following areas are identified as areas that the agency is recommended to review and ensure that the area is corrected. The areas identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. Brookings Behavioral Health & Wellness submitted a low number of data outcome tools, and thus it was difficult to determine their successful discharge rates, re-entry rates, and other important clinical outcome data.

**AREAS REQUIRED FOR PLANS OF CORRECTION FOR MENTAL HEALTH SERVICES:**

**Description:** The following areas will require a plan of correction to address the 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 the rule.

1. According to ARSD 67:62:06:04, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:
  - a. Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
  - b. The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 CFR Parts 160 and 164 (April 17, 2003).
  - c. The proper maintenance and handling of client case records;
  - d. The agency's philosophical approach to treatment and the agency's goals;
  - e. The procedures to follow in the event of a medical emergency or a natural disaster;
  - f. The specific job descriptions and responsibilities of employees;
  - g. The agency's policies and procedure manual maintained in accordance with ARSD 67:62:05:01; and

- h. The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

*All reviewed personnel files had the required components completed in orientation, but none of the files had the orientation items completed within 10 working days.*

2. According to 67:62:06:10, each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

*None of the reviewed personnel files had evidence of checks of the Inspector General's Medicaid Exclusion List. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends completing the checks at least annually.*

3. According to 67:62:08:14, an addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharge regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

*Seven of eight reviewed files in which clients prematurely discontinued services did not have documentation of reasonable attempts at re-engagement.*

### **PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR MENTAL HEALTH SERVICES:**

**Description:** Brookings Behavioral Health & Wellness was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in November 2020. There were three plan of correction item

regarding Mental Health services during the 2019 review. Two of the three plan of correction items have been corrected at the 2022 review. The one item that remains out of compliance involves attempts to re-engage clients who prematurely discontinue services, contained in ARSD 67:62:08:14.

**MENTAL HEALTH ACCREDITATION RESULTS:**

x	Three Year Accreditation
	Two Year Accreditation
	Probation