
Accreditation Report – Community Counseling Services

Date of Review: September 7-8, 2021

Accreditation Outcome: SUD: Three Year Accreditation

MH: Three Year Accreditation

REVIEW PROCESS:

Community Counseling Services (CCS) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on September 7-8, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Compliance
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior 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:

Community Counseling Services is a non-profit Substance Use Disorder and Mental Health agency located in Huron, South Dakota. The agency is seeking to renew accreditation for prevention, outpatient substance use disorder services (SUD), outpatient mental health services, children youth and family (CYF), Individualized Mobile Program of Assertive Community Treatment (IMPACT), and Comprehensive Assistance with Recovery and Empowerment (CARE).

Belinda Nelson is the current director of Community Counseling Services. According to their website, CCS's mission is "To promote healthy individuals and families in the communities we serve." CCS offers services in seven counties in South Dakota.

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 for quality improvement of the agency.

Office of Licensing and Accreditation interviewed four clients. No concerns were noted. The clients spoke highly of CCS. One client requested that CCS to do a community service announcement about how needing mental health services is not a bad thing.

Agency staff expressed that CCS is a great place to work and the employees feel supported by management.

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.

Stakeholder results were sent out and collected over the past three years. CCS had a total of 22 responses. The only concern that was mentioned was the need for more services.

AREAS OF COMPLIANCE FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas were identified as areas the agency demonstrated compliance to administrative rules regarding SUD services.

1. According to ARSD 67:61:07:08 Progress notes. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention

to any co-occurring disorder as they relate to the client's substance use disorder.

A progress note must be included in the file for each billable service provided. Progress notes must include the following for the services to be billed:

- Information identifying the client receiving the services, including the client's name and unique identification number.
- The date, location, time met, units of service of the counseling session, and the duration of the session.
- The service activity code or title describing the service code or both.
- A brief assessment of the client's functioning.
- A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives.
- A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable.
- The signature and credentials of the staff providing the service.

All files reviewed received all possible points. Progress notes were thorough and included information that provided a full description of the client's status, condition, and support system.

2. According to ARSD 67:61:07:07 Continued Service Criteria. 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. It is appropriate to retain the client at the present level of care if:

The client is making progress but, has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

The client is not yet making progress but, has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

Continued stay criteria was documented correctly and on time in all files that were reviewed.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following are areas that the agency is recommended to review and ensure are 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, they could become future areas of non-compliance requiring a plan of correction.

There are no areas of recommendations.

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 ARSD 67:61:07:10, Discharge summary. 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 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.

Four out of ten client charts reviewed did not have a discharge summary completed. The clients were in the CJI program

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

Description: Community Counseling Services was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in July 2018. There were two areas of recommendation and two plans of correction during the 2018 review. The two recommendations have been corrected. The two plans of correction from the 2018 review have been corrected.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

X	Three Year Accreditation (90%- 100%)
	Two Year Accreditation (70%- 89.9%)
	Probation (69.9% and below)
	Provisional

AREAS OF COMPLIANCE FOR MENTAL HEALTH SERVICES:

Description: The following areas were identified as areas the agency demonstrated compliance to administrative rules regarding Mental Health services:

1. According to ARSD 67:62:08:12 progress notes shall be included in the client's file and shall substantiate all services provided. Individual progress notes shall document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes shall also include attention to any co-occurring disorder as they relate to the client's mental disorder. A progress note shall be included in the file for each billable service provided. Progress notes shall include the following for the services to be billed:
 - Information identifying the client receiving services, including name and unique identification number.
 - The date, location, time met, units of service of the counseling session, and the duration of the session.
 - The service activity code or title describing the service code or both.
 - A brief assessment of the client's functioning.
 - A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives.
 - A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable.
 - The signature and credentials of the staff providing the service.

In all 30 mental health files reviewed, progress notes were included with all necessary requirements.

2. According to ARSD 67:62:08:10 Crisis Intervention Plan. Crisis intervention planning shall be provided to any client who has safety issues or risks or has frequent crisis situations or recurrent hospitalizations. Crisis intervention planning shall be offered to any client who may need such planning to prevent the following:
 - Hospitalization
 - Out of home placement
 - Homelessness

- Danger to self or others
- Involvement with the criminal justice system.

Crisis intervention plans shall be developed in partnership with the client, if possible, the client's parent if the client is under 18 years of age, or the client's guardian, if any, and include interventions specific to the client, and address issues relative to cooccurring disorders.

Crisis plans were completed when applicable.

3. According to ARSD 67:62:08:11 Transition Plan. Transition planning shall be provided to clients moving to a different service, leaving services, or for youth nearing adulthood. Goals related to transition planning shall be included in the clinical documentation either as part of the treatment plan or as a separate transition plan.

Transition plans were completed when applicable.

AREAS OF RECOMMENDATION FOR MENTAL HEALTH SERVICES:

Description: The following are areas that the agency is recommended to review and ensure are 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. According to 67:62:08:14 Transfer or Discharge Summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. 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 shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.

One out of three CARE charts reviewed was missing the course of treatment and planned goals and documentation of trying to re-engage the client into services. In Outpatient Services one out of three charts was missing documentation of attempts to re-engage the client into services.

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 67:62:06:10 Office of Inspector General Medicaid exclusion list. Each facility 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.

The Medicaid exclusion list was checked upon hire but there was no documentation of the list being checked after the initial hire date.

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

Description: Community Counseling Services was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in July 2018. There were two areas of recommendation and four plans of correction during the 2018 review. The two recommendations have been resolved. All but one plans of correction have been resolved. The plan of correction that has not been resolved became a recommendation due to the problem is different than the prior plan of correction.

MENTAL HEALTH ACCREDITATION RESULTS:

X	Three Year Accreditation (90%- 100%)
	Two Year Accreditation (70%- 89.9%)
	Probation (69.9% and below)
	Provisional