

---

## **Accreditation Report – Northern Hills Alcohol and Drug Services ‘dba’ Compass Point**

**Date of Review: October 4-5, 2021**

**Accreditation Outcome: Three Year Accreditation**

### **REVIEW PROCESS:**

Northern Hills Alcohol and Drug Services dba Compass Point (Compass Point) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on October 4-5, 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.

### **AGENCY SUMMARY:**

Compass Point is a non-profit Substance Use Disorder agency located in Sturgis, South Dakota. The agency is seeking to renew accreditation for Outpatient Substance Use Disorder Services (SUD), and Medically Monitored Intensive Inpatient Treatment.

Hillary Schwab is the current director of Compass Point. Compass Point's mission is "To assist individuals in navigating through the turbulent waters of addiction by providing hope, guidance, and the tools to find a new direction and become anchored in their recovery".

### **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 one client. No concerns were noted. The client spoke highly of Compass Point. She had a very good experience in treatment and now feels fully prepared for success at home. She stated she has already recommended Compass Point to others.*

*The staff interviewed stated Compass Point is a great place to work. The administration is supportive and open to new ideas. One counselor stated she will never work anywhere else.*

### **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. Compass Point had a total of 7 responses. No concerns were mentioned.*

### **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 67:61:07:05 Integrated Assessments. 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:
  - 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.

- Presenting problems or issues that indicate a need for services.
- Identification of readiness for change for problem areas, including motivation and supports for making such changes.
- 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.
- Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history.
- Family and relationship issues along with social needs.
- Educational history and needs.
- Legal issues.
- Living environment or housing.
- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal.
- Past or current indications of trauma, domestic violence, or both if applicable.
- Vocational and financial history and needs.
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present.
- 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.
- Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable.
- Clinician's signature, credentials, and date; and
- 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.

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

*All files reviewed received all possible points. Assessments were thorough and provided a strong basis for the diagnoses and recommendations.*

2. According to ARSD 67:61:07:08 Progress notes. 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 plan for next session.*

#### **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.

1. According to ARSD 67:61:05:12 Office of Inspector General Medicaid exclusion list. 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.

*Compass Point completed the check for employees upon hire, but the check also needs to be completed periodically.*

2. According to ARSD 67:61:07:06 Treatment Plan. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically managed low-intensity residential treatment program, or medically monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes:

- A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence.
- A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified.
- Measurable objectives or methods leading to the completion of short-term goals including:
  - Time frames for the anticipated dates of achievement or completion of each objective or, reviewing progress towards objectives.
  - Specification and description of the indicators to be used to assess progress.
  - Referrals for needed services that are not provided directly by the agency; and
  - Include interventions that match the client's readiness for change for identified issues; and
- A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program, day treatment program, clinically managed low-intensity residential treatment program, or medically monitored intensive inpatient treatment program.

The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.

All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.

*In three out of seven charts reviewed the treatment plan was not signed withing the required 30 days.*

### **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.

*In four out of twelve outpatient charts, and four out of six medically monitored intensive inpatient treatment, the discharge summary was not completed within five days working days.*

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:

- A. 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
- B. 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
- C. 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.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:

- a. Two calendar days for:
  - i. Clinically managed residential detoxification.
- b. 14 calendar days for:
  - i. Early intervention services.
  - ii. Intensive outpatient services.
  - iii. Day treatment services; and
  - iv. Medically monitored intensive inpatient treatment; and
- c. 30 calendar days for:
  - i. Outpatient treatment program; and
  - ii. Clinically managed low-intensity residential treatment.

*In the outpatient charts that were reviewed some of the continued stays were partially completed. The information explained that the client should remain in care, but there wasn't the justification or the individualized plan*

*of action. In intensive outpatient files, two out of two continued stays were not completed every 14 days.*

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

**Description:** Compass Points was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in October 2019. There were no areas of recommendation and eight plans of correction during the 2019 review. The six of the eight plans of correction have been resolved.

**SUBSTANCE USE DISORDER ACCREDITATION RESULTS:**

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