
Accreditation Report – Dakota Counseling Institute

Date of Review: April 25-27, 2022

Accreditation Outcome: SUD: Three Year Accreditation

Mental Health: Two Year Accreditation

REVIEW PROCESS:

Dakota Counseling Institute (DCI) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on April 25-27, 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:

Dakota Counseling Institute (DCI) is a non-profit Substance Use Disorder and Mental Health agency located in Mitchell, S.D. The agency is seeking to renew accreditation for outpatient substance use disorder services, clinically managed low intensity residential treatment, clinically managed residential detoxification, medically monitored intensive outpatient treatment, outpatient mental health services, children youth and family services (CYF), and Comprehensive Assistance with Recovery and Empowerment (CARE).

Michelle Carpenter is the director of Dakota Counseling Institute. DCI provides CARE services through their “Pathway” program, and SUD treatment takes place at their “Stepping Stones” program. DCI also has a satellite office in Chamberlain, S.D. DCI also has an assisted living facility, Rosewood Court, which is not accredited by the Office of Licensing and Accreditation. DCI works closely with the court system, parole and probation officers, and school districts.

They have recently launched a new electronic health record, which they hope will streamline their clinical processes and assist in efficiency.

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 six clients. All clients spoke highly of DCI.. One previously homeless client shared that since starting services with DCI, they were able to start a job and buy a house. Most clients interviewed shared they felt comfortable at DCI from the very beginning. Only a few minor concerns were shared. One client would like DCI to have more material available such as health and wellness books, AA material, and religious books. A few clients shared that DCI is still only offering AA and other self groups on site or by zoom. Clients would like to be able to return to the community to attend these groups.

The Office of Licensing and Accreditation interviewed 8 staff. Staff shared a number of positive aspects about working at DCI, including positive relationships between staff, staff flexibility, teamwork. One staff noted that it is important that DCI is able to provide nearly all mental health and SUD services under one roof. Areas in which staff wish could be approved include wages, turnover, and internal training opportunities.

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. Dakota Counseling Institute had a total of 61 stakeholder responses.

Stakeholder responses noted that communication about treatment updates is timely and professional, but communication regarding bed dates and openings needs to be more timely. A number of responses indicate that zoom-only treatment, likely brought on by the COVID-19 pandemic, has had a negative impact on client outcomes. DCI has recently re-opened in-person services to address this. Stakeholder responses show that staff are friendly and professional overall.

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. According to ARSD 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based on 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.

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

One out of eight reviewed treatment plans for clinically-managed low-intensity residential treatment, and two of four reviewed treatment plans for medically-monitored intensive inpatient treatment did not have treatment plans completed within 10 calendar days of admission. DCI should ensure that treatment plans are being completed within 10 calendar days to avoid this becoming a plan of correction in the future.

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 67:61:02:21, each accredited agency shall make a report to the Division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

The agency shall submit a follow-up report to the Division within 72 hours of any sentinel event and the report shall include:

1. A written description of the event;
2. The client's name and date of birth; and
3. Immediate actions taken by the agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, or other critical equipment necessary for operation of the facility for more than 24 hours.

Dakota Counseling Institute has a Sentinel Event Notification policy; however they do not have a root cause analysis policy and procedure.

2. According to 67:61:05:05, the center shall provide orientation for all employees, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation shall be documented and shall include at least the following items:

1. Fire prevention and safety, including the location of all fire extinguishers in the center, instruction in the operation and use of each type of extinguisher, and an explanation of the fire evacuation plan and the center's smoking policy;
2. The confidentiality of all information about clients, including a review of requirements in this article and 45 C.F.R. Parts 160 and 164 (October 7, 2009);
3. The proper maintenance and handling of client case records;
4. The center's philosophical approach to treatment and the center's goals;
5. The procedures to follow in the event of a medical emergency or natural disaster;
6. The specific job descriptions and responsibilities of employees;
7. The center's policies and procedures are maintained in accordance with 67:61:05:01; and
8. The center's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

Two out of five reviewed SUD personnel files had evidence that the staff member had reviewed DCI's policies and procedures but were missing all other required orientation components.

3. According to 67:61:05:12, 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 Inspector General's Medicaid Exclusion List was checked for all employees in January 2022, but there was no evidence that the list was checked upon hire for new employees.

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

Description: Dakota Counseling Institute was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation on April 16-18, 2019. There were six plans of correction regarding Substance Use Disorder services during the 2019 review. All six plans of correction have been corrected for the 2022 review.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

x	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)

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.

There were no areas of recommendation for Dakota Counseling Institute regarding mental health 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 67:62:02:19, each accredited agency shall make a report to the Division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:

- (1) A written description of the event;
- (2) The client's name and date of birth; and
- (3) Immediate actions taken by the agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency

generator, fire alarm, sprinklers, or other critical equipment necessary for operation of the facility for more than 24 hours.

Dakota Counseling Institute has a Sentinel Event Notification policy; however they do not have a root cause analysis policy and procedure.

2. According to ARSD 67:62:06:04, the center shall provide orientation for all employees, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation shall be documented and shall include at least the following items:
 - (1) Fire prevention and safety, including the location of all fire extinguishers in the center, instruction in the operation and use of each type of extinguisher, and an explanation of the fire evacuation plan and the center's smoking policy;
 - (2) The confidentiality of all information about clients, including a review of requirements in this article and 45 C.F.R. Parts 160 and 164 (October 7, 2009);
 - (3) The proper maintenance and handling of client case records;
 - (4) The center's philosophical approach to treatment and the center's goals;
 - (5) The procedures to follow in the event of a medical emergency or a natural disaster;
 - (6) The specific job descriptions and responsibilities of employees;
 - (7) The center's policies and procedures are maintained in accordance with 67:61:05:01; and
 - (8) The center's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

Four out of five reviewed mental health personnel files had evidence of a review of DCI's policies and procedures but were missing all other required orientation components.

3. According to ARSD 67:62:06:10, 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 Inspector General's Medicaid Exclusion List was checked for all employees in January 2022, but there was no evidence that the list was checked upon hire for each new employee.

4. According to ARSD 67:62:08:05(3), a mental health staff member 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. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following component:

(3) Identification of readiness for change for problem areas, including motivation and supports for making such changes.

Six out of seven applicable reviewed CYF assessments, three out of five applicable reviewed outpatient mental health assessments, and two out of two applicable reviewed CARE assessments were missing identification of readiness for change.

5. According to ARSD 67:62:08:05(15), A mental health staff member 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. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following component:

(15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable.

Four out of seven applicable reviewed CYF assessments and three out of five applicable reviewed outpatient mental health assessments were missing eligibility determination for SMI or SED.

6. According to 67:62:08:07(3), the initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and the date of the signature, and the clinical supervisor's signature and credential if the mental health staff does not

meet criteria of a clinical supervisor as defined in subdivision 67:61:01:01(8). Evidence of the client's or the client's parent or guardian's participation and involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation. The treatment plan shall:

(3) Include interventions that match the client's readiness for change for identified issues.

Six out of seven applicable reviewed CYF treatment plans, three out of five applicable reviewed outpatient mental health treatment plans, and two out of two applicable reviewed CARE treatment plans were missing interventions that match client's readiness for change. This is likely related to plan of correction number 4, as interventions cannot match the client's readiness for change if readiness for change is not identified.

7. According to ARSD 67:62:08:09, staff meeting clinical supervisory criteria as defined in subdivision 67:61:01:01(8), shall conduct on treatment plan review at least annually. The review shall include documentation of:

- (1) Progress made toward treatment goals or objectives;
- (2) Significant changes to the treatment goals or objectives;
- (3) Justification for the continued need for mental health services; and
- (4) Assessment of the need for additional services or changes in services, if applicable.

This review qualifies as a six month review pursuant to ARSD 67:62:08:08. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.

Five out of seven applicable reviewed CARE files did not have documentation of progress toward treatment goals or objectives included in supervisory reviews. The supervisory reviews were completed, but it appeared that the supervisor generated a new treatment plan document in the EHR, rather than a review document. New treatment plan documents in DCI's EHR do not allow for documentation of progress, so progress was unable to be documented.

8. According to ARSD 67:62:08:14, 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.

Two out of three applicable reviewed CYF discharge summaries and two out of two applicable reviewed outpatient mental health discharge summaries did not contain course of treatment or progress toward planned goals and objectives.

MENTAL HEALTH ACCREDITATION RESULTS:

	Three Year Accreditation (90%-100%)
x	Two Year Accreditation (70%-89%)
	Probation (69% and below)