



Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report for Community Mental Health Centers

ARSD 67:62

August 21-23, 2023

Human Service Agency

123 19th St. NE

Children, Youth, and Family Services (CYF)

Outpatient Mental Health Services

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

1. Governance

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Non-profit organization (67:62:03:01)	<u>✓</u>	___	___
b. Annual, entity-wide financial audit (67:62:05:05)	<u>✓</u>	___	___
c. Business hours posted in a prominent place on-premises (67:62:04:02)	<u>✓</u>	___	___
d. Board of directors meets at least quarterly and keeps minutes of all meetings (67:62:03:03)	<u>✓</u>	___	___
e. Up-to-date policy and procedure manual (67:62:05:01)	<u>✓</u>	___	___
f. Up-to-date organizational chart (67:62:06:07)	<u>✓</u>	___	___
g. Sentinel event policy (67:62:02:19)	<u>✓</u>	___	___
h. Policy for notifying DSS of changes (67:62:02:18)	<u>✓</u>	___	___
i. Adopted by-laws (67:62:03:02)	<u>✓</u>	___	___
j. Serve the counties designated to them by the division (67:62:04:01)	<u>✓</u>	___	___
k. Policy for not denying clients equal access to services (67:62:03:04)	<u>✓</u>	___	___

Comments:

2. Program Services

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Schedule of fees based on client ability to pay (67:62:05:06)	<u>✓</u>	___	___
b. Policy prohibiting client abuse, neglect, and exploitation (67:62:07:03)	<u>✓</u>	___	___

c. Client rights policy (67:62:07:01; 67:62:07:02)	<u>✓</u>	___	___
d. Client grievance policy (67:62:07:04)	<u>✓</u>	___	___
e. Submits accurate statistical data (67:02:05:02)	<u>✓</u>	___	___
f. Discharge policy (67:61:06:07)	<u>✓</u>	___	___
g. Client orientation policy and procedure (67:62:05:07)	<u>✓</u>	___	___
h. Services shall be available for those with complex Mental health issues and co-occurring disorders (67:02:04:02)	<u>✓</u>	___	___

Comments:

3. <u>Personnel</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Orientation completed within 10 days of hire with all required components (64:62:06:04)	<u>✓</u>	___	___
b. Office of Inspector General Medicaid exclusion list check (67:62:06:10)	<u>✓</u>	___	___
c. Clinical director has at least master's degree in psychology, social work, counseling, or nursing, have a license in that field, and at least 2 years of supervised postgraduate clinical experience in a mental health setting (67:62:01:01; 67:62:06:02)	<u>✓</u>	___	___
d. Policy and procedure for supervising employees, volunteers, and interns (67:62:06:05)	<u>✓</u>	___	___
e. IMPACT services do not exceed a ratio of at least one primary therapist for every 12 clients (67:62:12:02)	<u>✓</u>	___	___
f. Staff hired after 12/31/10 who provide direct MH	<u>✓</u>	___	___

and support services have at least an associate's degree in the social sciences or human services field (67:62:06:03)

- | | | | |
|--|---|---|---|
| g. Complete employee records; policies to maintain those records (67:62:06:06) | ✓ | — | — |
|--|---|---|---|

Comments:

4. <u>Case Record Management</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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- | | | | |
|--|---|---|---|
| a. Procedures for closure and storage of case records (67:62:08:03) | ✓ | — | — |
| b. Policy for case records to be retained for at least 6 years (67:62:05:04) | ✓ | — | — |
| c. Established ongoing compliance review process (67:62:05:03) | ✓ | — | — |

Comments:

5. <u>Environmental/Sanitation/Safety/Fire Prevention</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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- | | | | |
|--|---|---|---|
| a. Health, safety, sanitation, and disaster plan (67:62:09:01) | ✓ | — | — |
|--|---|---|---|

Comments:

6. <u>Assessment (67:62:08:05)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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- | | | | |
|--|---|---|---|
| a. Strengths of the client and client's family if appropriate; identification of resources within the family | ✓ | — | — |
| b. Presenting problems or issues | ✓ | — | — |

c. Identification of readiness for change in problem areas	<u> </u>	<u> ✓ </u>	<u> </u>
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization	<u> ✓ </u>	<u> </u>	<u> </u>
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	<u> ✓ </u>	<u> </u>	<u> </u>
f. Family and relationship issues along with social needs	<u> ✓ </u>	<u> </u>	<u> </u>
g. Educational history and needs	<u> ✓ </u>	<u> </u>	<u> </u>
h. Legal issues	<u> ✓ </u>	<u> </u>	<u> </u>
i. Living environment or housing	<u> ✓ </u>	<u> </u>	<u> </u>
j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	<u> ✓ </u>	<u> </u>	<u> </u>
k. Past or current indications of trauma, domestic violence, or both if applicable	<u> ✓ </u>	<u> </u>	<u> </u>
l. Vocational and financial history and needs	<u> ✓ </u>	<u> </u>	<u> </u>
m. Behavioral observations or mental status	<u> ✓ </u>	<u> </u>	<u> </u>
n. Formulation of a diagnosis	<u> ✓ </u>	<u> </u>	<u> </u>
o. Eligibility determination	<u> ✓ </u>	<u> </u>	<u> </u>
p. Clinician's signature, credentials, and date	<u> ✓ </u>	<u> </u>	<u> </u>
q. Clinical supervisor's signature, credentials, and	<u> ✓ </u>	<u> </u>	<u> </u>

date

- r. Completed within 30 days of intake

Comments: Four out of ten applicable CYF assessments and eight out of eight applicable outpatient mental health assessments did not have readiness for change identified.

7. <u>Treatment Plan (67:62:08:07)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic statement and statement of short and long-term goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions that match the client's readiness to change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Statement identifying staff member responsible for facilitating treatment methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Evidence of the client's meaningful involvement in formulating the plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Completed within 30 days of intake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Four out of ten applicable CYF treatment plans and eight out of eight applicable outpatient mental health treatment plans did not have interventions that matched the client's readiness for change.

8. <u>Progress Notes (67:61:07:08)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Progress note for each billable service	<u>✓</u>	_____	_____
2. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	<u>✓</u>	_____	_____
3. Brief assessment of the client’s functioning	<u>✓</u>	_____	_____
4. Description of what occurred during the session, including action taken or plan to address unresolved issues	<u>✓</u>	_____	_____
5. Brief description of what client and provider plan to work on during the next session	_____	<u>✓</u>	_____
6. Signature and credentials of staff providing the services	<u>✓</u>	_____	_____

Comments: Eight out of ten applicable CYF files and eight out of nine applicable outpatient mental health files did not include progress notes that included what the client and provider planned to work on the next session. Most progress notes included that the client and provider would meet again, but did not specifically say what they may work on.

9. <u>Treatment Plan Review (67:62:08:08)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Treatment plan reviewed at a minimum of six month intervals	<u>✓</u>	_____	_____
b. Review of progress made or significant changes to goals or objectives	<u>✓</u>	_____	_____
c. Justification for continued need for mental health Services	<u>✓</u>	_____	_____

d. Staff signature, credentials, and date of review ✓

Comments:

10. Supervisory Review (67:62:08:09) **Yes** **No** **N/A**

a. Progress toward treatment plan goals/objectives ✓

b. Significant changes to treatment goals/objectives ✓

c. Justification for continued need for mental health services ✓

d. Staff signature, credentials and date of review ✓

Comments:

11. Crisis Intervention (67:62:08:11) **Yes** **No** **N/A**

a. Crisis intervention is completed if client has safety Issues or risks, frequent crisis situations, recurrent Hospitalizations, out of home placements, homelessness, Is a danger to self or others, or has involvement in the criminal justice system. ✓

Comments:

12. Transfer or Discharge Summary (67:61:07:10) **Yes** **No** **N/A**

a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge ✓

b. Summary of the client's problems, course of treatment, and progress toward planned goals ✓

and objectives identified in the treatment plan

- c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate

✓

Comments:

13. Signatures

Chris Kenyon
Chris Kenyon, Program Specialist

9/20/2023
Date

August 21-23, 2023
Date of Site Visit

Muriel Nelson
Muriel Nelson, Program Manager

9/20/23
Date