



Program Name: Lewis & Clark Behavioral Health Services

Recommendations for Substance Use Disorder Services

The following administrative rules were found to be out of compliance in low numbers, or were in compliance, but the Office of License and Accreditation saw potential for future noncompliance and is recommending changes to procedure. In some cases, if recommendations are not corrected, they may become plans of corrections in the future.

Administrative Recommendation-1	
<p>Rule #: 67:61:05:08 (3)</p>	<p>Rule Statement: Personnel Policies and Records. The agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, interns, or volunteers. The file includes the following:</p> <p>(3) The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations.</p>
<p>Area of Noncompliance: There were no central registry (child abuse and neglect) screenings in employee files. The Office of Licensing and Accreditation recommends completing central registry screenings for each employee who works with youth under the age of 18.</p>	



Clinical Recommendation-1	
<p>Rule #: 67:61:07:06 (3)</p>	<p>Rule Statement: 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:</p> <p>(3) Measurable objectives or methods leading to the completion of short-term goals including:</p> <ul style="list-style-type: none"> (a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives; (b) Specification and description of the indicators to be used to assess progress; (c) Referrals for needed services that are not provided directly by the agency; and (d) Include interventions that match the client's readiness for change for identified issues.
<p>Area of Noncompliance: All reviewed SUD treatment plans contained a specific goal where the stated purpose was "readiness for change". This is considered compliant because it does meet ASAM criteria 4. However, the Office of Licensing and Accreditation was unable to determine if all goals matched readiness for change in treatment plans based on integrated assessments where no readiness for change was documented. Additionally, creating one treatment plan goal to meet readiness for change criteria does not show how the rest of the treatment plan goals meet readiness for change.</p>	

The Office of Licensing and Accreditation recommends documenting readiness for change somewhere in the treatment plan to ensure each treatment plan goal is meeting readiness for change.

Plan of Correction Items for Substance Use Disorder Services

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Clinical POC-1	
<p>Rule #: 67:61:07:05 (3)</p>	<p>Rule Statement: Integrated Assessment. 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:</p> <p>(3) Identification of readiness for change for problem areas, including motivation and supports for making such changes.</p>
<p>Area of Noncompliance: Several reviewed integrated assessments had documentation of readiness for change, while others did not. A small number of integrated assessments contained what appeared to be a designated space for the documentation of readiness for change but no actual readiness for change documented. Overall, the documentation of readiness for change in the reviewed integrated assessments was inconsistent.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): We have added Readiness for Change as an individual section on the SUD assessment and made this a required field so the document cannot be signed without it being completed.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 7/25/2022</p>
<p>Supporting Evidence: The revised assessment document has been attached.</p>	<p>Position Responsible: Brenda Hoxeng</p>
<p>How Maintained: The verification of completion of the Readiness for Change will be added to the Quality Assurance report and reviewed quarterly.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>


Signature of Agency Director:  <i>Thomas M. Hauge, PhD</i>	Date:  7/25/22
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Please email or send Plan of Correction to:

Department of Social Services
Office of Licensing and Accreditation
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff:  <i>Chris Kuyper</i>	Date: 7/27/22
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LEWIS & CLARK BEHAVIORAL HEALTH SERVICES, INC.

Assessment

Client Name:

Client ID:

Clinician Name:

Date:

Assessment date:

Assessment type: Initial Update Annual

Population type: Adult Child DD SA MH Autism

Referral Type:

Current Living Arrangement:

Current Employment Status

Current Primary Care Physician:

Presenting problem:

Legal Issues:

Desired Outcomes of Service (Hopes and Dreams) As Specified By The Person/Guardian:

Substance Use

Use of Alcohol Never Rarely Moderate Daily

Add Use of Alcohol to Needs List

Use of Tobacco/Nicotine Never Previously, but Quit: Type/Frequency

Add Use of Tobacco/Nicotine to Needs List

Use of Illicit Drugs Never Type/Frequency:

Add Use of illicit Drugs to Needs List

Prescription/OTC Drugs Never Type/Frequency:

Add Prescription/OTC Drugs to Needs List

UNCOPE

Yes No Is UNCOPE applicable? (If no, specify below)

Yes No Have you spent more time drinking or using than you intended to?

Yes No Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?

- Yes No Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
- Yes No Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- Yes No Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- Yes No Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?

Stage of Change:

SU Assessment

Substance Use

- Past Substance use admitted or suspected
- Family has a history of substance use
- Client has a history of substance use
- Client admits to current substance use
- Current substance use is suspected

Comment

Details of substance Use

Substance Abuse Symptoms/Consequences (reported or observed)

- Odor of substance
- Slurred speech
- Withdrawal symptoms
- Increased Tolerance
- Blackouts
- Loss of Control
- Related arrests
- Related Social Problems
- Frequent Job/School Absence
- None

DUI

How Many Times last 30 days?

How Many Times last 10 years?

DWI

How Many Times last 30 days?

How Many Times last 10 years?

Possession

How Many Times last 30 days?

How Many Times last 10 years?

Other Comments

Previous / Current Treatment

Previous Substance Use Treatment? Yes No

Current substance use treatment? Yes No

Previous medication assisted treatment? Yes No

Current medication assisted treatment? Yes No

List Providers

If current Substance Abuse symptoms, referral to SU or co-occurring Tx? Yes No

If Yes, where referred. If No, provide reason.

Is the client interested in medication assisted treatment?

Yes No Not applicable

If Yes, where referred. If No, provide reason.

Risk of Relapse:

Psychosocial Adult

Family and Developmental History / Medical History (past and current relational and family situation) Yes

Add health issues to needs list

Medications Initialize Medications List Medications No Medications Unknown

Add Medications to Needs List

List has been reviewed with client. Medication list needs to be modified. Yes No

Note efficacy of current and historical medications and their side effect:

Client experienced abuse or neglect either as victim or perpetrator and / or has had a previous traumatic incident?

Yes No Concerns Unknown

Add Abuse / Neglect / Trauma to Needs List

Are there cultural / ethnic issues that are of concern or need to be addressed? Describe cultural / ethnic values / beliefs.

Yes No Concerns Unknown

Add Cultural / Ethnic Values to Needs List

Work History and Current Employment

Educational Challenges/Barriers

Add Education Status to Needs List

RDLCustomSDLAssessment

Please discuss any issues with school, number of schools attended, and current and past academic performance. Include highest level of education.

Mental health treatment history. List previous diagnosis, family Yes No history reported Unknown history, treatment history / efficacy, etc.

Add Mental Health History to Needs List

Please list previous diagnosis, family history, treatment history/efficacy, etc.

Communicable Disease Risk Assessment

Have you had any of the below factors that may have put you at risk for a communicable disease such as HIV/AIDs, STDs, Hepatitis B or C, or TB?

Unprotected sexual relations with more than one partner during the past 24 months?

Sexual relations with anyone who is infected with HIV/AIDS, Hepatitis, or an STD?

Sexual relations with anyone who injects drugs?

Injected drugs or shared needles?

Received money, drugs, or other favors for sexual relations?

Add Communicable Disease Risk to Needs List

PHQ-9

PerformedDate:

PerformedTime:

Over the last two weeks, how often have you been bothered by any of the following problems?

- 1. Little interest or pleasure in doing things
- 2. Feeling down, depressed, or hopeless
- 3. Trouble falling or staying asleep, or sleeping too much
- 4. Feeling tired or having little energy
- 5. Poor appetite or overeating
- 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
- 7. Trouble concentrating on things, such as reading the newspaper or watching television
- 8. Moving or speaking so slowly that other people could have noticed, Or the opposite - being so fidgety or restless that you were moving around a lot more than usual
- 9. Thoughts that you would be better off dead, or of hurting yourself
- 10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Total Score :

Depression Severity :

Comments :

RDLCustomSDLAssessment

Additional Question

Please check any of the following THAT WILL occur within 1 day of this PHQ9 Assessment

- Additional Evaluation For Depression Performed
- Referral For Depression Ordered
- Depression Medications Ordered
- Suicide Risk Assessment Performed
- Pharmacological Intervention
- Other interventions or follow-up for the diagnosis or treatment of depression

Documentation of follow-up plan

Did Client refuse assessment or was it Contraindicated ? Yes No

Mental Status**General Appearance**

- Add to Needs List
- neat/clean poor personal hygiene/self care well-groomed appropriately dressed
- younger than stated age older than stated age overweight underweight
- eccentric seductive unkempt/disheveled other/comment

Intellectual Assessment

- Add to Needs List
- appears above average appears average appears below average possible IDD
- documented IDD other/comment

Communication

- Add to Needs List
- normal uses sign language unable to read need for Braille
- hearing impaired does lip reading English is second language
- translator (sign or spoken language) needed other/comment

Mood

- Add to Needs List
- unremarkable cooperative anxious tearful calm labile
- pessimistic cheerful guilty euphoric depressed
- hostile irritable dramatized fearful suspicious
- other/comment

Affect

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Add to Needs List

- primarily appropriate restricted blunted flattened detached
 primarily inappropriate other/comment

Speech

Add to Needs List

- normal for age & intellect logical/coherent tangential sparse/slow
 rapid/pressured soft/mumbles/inaudible circumstantial loud
 rambling other/comment

Thought/Content/Perceptions

Add to Needs List

- unremarkable paranoid grandiose obsessive bizarre
 flight of ideas disorganized auditory hallucinations visual hallucinations
 tactile hallucinations other/comment

Behavior/Motor Activity

Add to Needs List

- normal/alert restless/overactive poor eye contact
 agitated/tense peculiar mannerisms self-destructive
 slowed/lethargic destructive to others or property compulsive/repetitious
 tremors/tics other/comment

Orientation

Add to Needs List

- oriented to person, place and time not oriented to person not oriented to place
 not oriented to time other/comment

Insight

Add to Needs List

- good fair poor lacking other/comment

Memory

Add to Needs List

- good/normal impaired short-term impaired long-term
 other/comment

Reality Orientation

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- Add to Needs List
- intact tenuous poor other/comment2

Risk Assessment

Suicidality /Other Risk to Self

- Current Suicidality / Risk to Self Previous Attempts / History
 - No Current or Previous History of Suicidality / Other Risk to Self
- Details (list current and previous behaviors, dates, method and lethality)

- Add Suicidality/ Other Risk to Self to Needs List

Physical Aggression/ Sexual Aggression / Other Risk Factors

- Current Physical / Sexual Aggression/ Risk to Others
- Prior Physical Aggression / Sexual Aggression / Risk to Others
- Homicidal
- No Current or Previous History of Physical Aggression / Sexual Aggression / Risk to Others

- Add Homicidalty / Physical Aggression / Risk to Others to Needs List

Other Risk Factors

- No known other risk factors

- Add Other Risk Factors to Needs List

Diagnosis

DSM5/ICD10	DSMIV/ICD9	SNOMED
ICD/ DSM Description		
Remission	Specifier	Type
Source	Severity	Order
Rule Out	Billable	

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ICD/ DSM Description		
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Summary/Level of Care

Does the client meet SPMI/SED criteria'?

Yes No

Strengths

Clinical Interpretive Summary / Dimensions

Integrate and interpret from a broader perspective all history and assessment information. Identify any co-occurring disabilities or disorders. Identify needs beyond the scope of the program and specify referrals for additional services. Include symptoms that justify the diagnosis and strengths that could contribute to stated outcomes. Include important biographical facts or events in the person's life. Indicate if releases were obtained.

Transition/Level of Care/Discharge Plan

Level of Care (recommendation and justification):