
Accreditation Report – Lewis & Clark Behavioral Health Services

Date of Review: June 28-29, 2022

**Accreditation Outcome: SUD - Three Year Accreditation
MH – Three Year Accreditation**

REVIEW PROCESS:

Lewis & Clark Behavioral Health Services was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on June 28-29, 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:

Lewis & Clark Behavioral Health Services is a community mental health center located in Yankton, S.D. The agency is seeking to renew accreditation for prevention, outpatient substance use disorder services, clinically managed residential detoxification, medically monitored intensive outpatient treatment, outpatient mental health services, children youth and family services (CYF), Individualized Mobile Programs of Assertive Community Treatment (IMPACT), and Comprehensive Assistance with Recovery and Empowerment (CARE).

Dr. Thomas Stanga is the executive director of Lewis & Clark. Lewis & Clark's mission statement is "to pioneer and sustain comprehensive, integrated mental health and substance use treatment services that promote the health and quality of life of our community members"

Lewis and Clark currently provides services in a number of locations in Yankton. They are in the process of planning and building a new location where they will be able to provide all their services in a single location. Lewis & Clark has focused on increasing their crisis response services in recent years and has been approved as an Appropriate Regional Facility to address crisis care needs. Additionally, Lewis and Clark owns an apartment building where they provide housing to those who qualify for housing assistance.

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 Lewis and Clark and shared that communication from counselors and case workers is excellent. Overall, clients had no major complaints with Lewis and Clark. All clients shared that Lewis and Clark has helped them, either in recovery from substance use or management of mental health. There were a few clients who shared they felt uncomfortable in Lewis and Clark's "Care Club", but are hopeful that will improve when they move into their new location.

The Office of Licensing and Accreditation interviewed 9 employees. All employees spoke highly of Lewis and Clark. Some employees shared how excellent communication is between staff, especially with supervisors. Staff noted that the need for crisis response has increased significantly in the last couple of years, and that has put an extra strain on staff, especially on-call staff. Staff believe Lewis and Clark is meeting crisis needs, but would like more crisis response staff. Most staff voiced excitement about the new location.

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 surveys were sent out and collected over the past three years. Lewis & Clark Behavioral Health Services received a total of 71 stakeholder responses. Stakeholders noted that Lewis & Clark staff are professional, competent, and courteous. Other responses noted that Lewis & Clark are responsive to community needs and provide individualized treatment. There were also a few concerns noted on the stakeholder responses, most notably regarding communication. One stakeholder mentioned that some staff communicate very well, while others do not. One stakeholder believes poor communication may be because they do not have enough counselors. Another stakeholder reported that despite serving both mental health services and substance use disorder services, very few of Lewis & Clark's counselors are dually credentialed.

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 67:61:05:08(3), the agency shall maintain 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:

(3) The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations.

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.

2. According to ARSD 67:61:07:06(3), 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:

- (3) Measurable objectives or methods leading to the completion of short-term goals including:
 - (a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress toward 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
 - (d) Include interventions that match the client's readiness for change for identified issues.

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, nowhere on the treatment plan was readiness for change listed. Additionally, 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. 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.

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 67:61:07:05(3), 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:

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

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 not actual readiness for change documented. Overall, the documentation of readiness for change in the reviewed integrated assessments was inconsistent.

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

Description: Lewis & Clark Behavioral Health Services was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in June 2019. There were five plan of correction items regarding Substance Use Disorder services during the 2019 review. All five plan of correction items 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.

1. According to ARSD 67:62:06:06(3), 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:

- (3) The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations.

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.

2. According to ARSD 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 dates of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful 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.

Most reviewed mental health treatment plans contained a specific goal where the stated purpose was "readiness for change". However, nowhere on the treatment plan was readiness for change listed. The Office of

Licensing and Accreditation recommends stating the client's readiness for change somewhere in the treatment plan document to ensure each goal is meeting the client's readiness for change.

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 67:62:08:05(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 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 components:

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

Several reviewed mental health integrated assessments had documentation of readiness for change, while others did not. Overall, the documentation of readiness for change in the reviewed integrated assessments was inconsistent.

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

Description: Lewis & Clark Behavioral Health Services was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation in June 2019. There was one plan of correction item regarding Mental Health services during the 2019 review. The plan of correction item has been corrected for the 2022 review.

MENTAL HEALTH ACCREDITATION RESULTS:

x	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)

	Probation (69% and below)
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