



Office of Licensing and Accreditation

Accreditation Survey Report for Community Mental Health Centers ARSD 67:62 June 5-7, 2024

Northeastern Mental Health Center

14 S. Main Street
Aberdeen, SD 57401

Levels of Care:

Outpatient Mental Health
Children Youth and Family Services
Comprehensive Assistance with Recovery and Empowerment
Individualized Mobile Programs of Assertive Community Treatment

1. <u>Governance</u>	<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. <u>Program Services</u>	<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	<u>✓</u>	___	___

exploitation (67:62:07:03)

- | | | | |
|---|----------|-----|-----|
| 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. Personnel	<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 and support services have at least an associate's	<u>✓</u>	___	___

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>
a. Procedures for closure and storage of case records (67:62:08:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy for case records to be retained for at least 6 years (67:62:05:04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Established ongoing compliance review process (67:62:05:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

5. <u>Environmental/Sanitation/Safety/Fire Prevention</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Health, safety, sanitation, and disaster plan (67:62:09:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. <u>Assessment (67:62:08:05)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Strengths of the client and client's family if appropriate; identification of resources within the family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Presenting problems or issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identification of readiness for change in problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Current substance use and relevant treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization

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|--|----------|-------|-------|
| e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history | <u>✓</u> | _____ | _____ |
| f. Family and relationship issues along with social needs | <u>✓</u> | _____ | _____ |
| g. Educational history and needs | <u>✓</u> | _____ | _____ |
| h. Legal issues | <u>✓</u> | _____ | _____ |
| i. Living environment or housing | <u>✓</u> | _____ | _____ |
| j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal | <u>✓</u> | _____ | _____ |
| k. Past or current indications of trauma, domestic violence, or both if applicable | <u>✓</u> | _____ | _____ |
| l. Vocational and financial history and needs | <u>✓</u> | _____ | _____ |
| m. Behavioral observations or mental status | <u>✓</u> | _____ | _____ |
| n. Formulation of a diagnosis | <u>✓</u> | _____ | _____ |
| o. Eligibility determination | <u>✓</u> | _____ | _____ |
| p. Clinician's signature, credentials, and date | <u>✓</u> | _____ | _____ |
| q. Clinical supervisor's signature, credentials, and date | <u>✓</u> | _____ | _____ |
| r. Completed within 30 days of intake | <u>✓</u> | _____ | _____ |

Comments: Five of eight reviewed CYF files, five of nine reviewed outpatient files, five of ten reviewed CARE files, and three of three reviewed IMPACT files did not have assessments completed within thirty days of intake.

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	<u>✓</u>	_____	_____
b. Diagnostic statement and statement of short and long-term goals	<u>✓</u>	_____	_____
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	<u>✓</u>	_____	_____
d. Statement identifying staff member responsible for facilitating treatment methods	<u>✓</u>	_____	_____
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	<u>✓</u>	_____	_____
f. Evidence of the client’s meaningful involvement in formulating the plan	<u>✓</u>	_____	_____
g. Completed within 30 days of intake	<u>✓</u>	_____	_____

Comments: Five of eight reviewed CYF files, five of nine reviewed outpatient files, five of ten reviewed CARE files, and three of three reviewed IMPACT files did not have treatment plans completed within thirty days of intake.

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	<u>✓</u>	_____	_____

services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session

- | | | | |
|--|----------|-------|-------|
| 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: Several progress notes across all types of mental health services lacked individuality. For example, one file had progress notes that stated “continue processing thoughts and emotions” as the plan for next session across multiple progress notes in a row. The Office of Licensing and Accreditation recommends making progress notes more specific and individualized. This also applies to group progress notes.

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	<u>✓</u>	_____	_____

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

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

Chris Kenyon

Chris Kenyon, Program Specialist

June 17, 2024

Date

June 5-7, 2024

Date of Site Visit

Muriel Nelson

Muriel Nelson, Program Manager

June 17, 2024

Date