



Office of Licensing and Accreditation

Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 June 5-7, 2024

Northeastern Mental Health Center

14 S Main Street
Aberdeen, SD 57401
Outpatient (1.0, 2.1)

1. Governance	Yes	No	N/A
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy for not denying clients equal access to services (67:61:03:04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Business hours posted in prominent place on premises (67:61:04:09)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Up-to-date policy and procedure manual (67:61:04:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Up-to-date organizational chart (67:61:05:09)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sentinel event policy (67:61:02:21)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Policy for notifying DSS of changes (67:61:02:20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:61:04:06)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Client rights policy (67:61:06:01; 67:61:06:02)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Client grievance policy (67:61:06:04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Submits accurate statistical data (67:61:04:02)	<u>✓</u>	___	___
f. Discharge policy (67:61:06:07)	<u>✓</u>	___	___
g. Client orientation policy and procedure (67:61:04:07)	<u>✓</u>	___	___
h. Policy for responding to medical emergencies (67:61:04:09)	<u>✓</u>	___	___
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	<u>✓</u>	___	___
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	___	___	<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 (64:61:05:05)	<u>✓</u>	___	___
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	<u>✓</u>	___	___
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)	___	___	<u>✓</u>
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	<u>✓</u>	___	___
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	<u>✓</u>	___	___

- | | |
|---|---------------------|
| f. Employee TB policies and procedures
(67:61:05:01) | <u>✓</u> ___ ___ |
| g. Complete employee records; policies
to maintain those records (67:61:05:08) | <u>✓</u> ___ ___ |

Comments:

4. <u>Case Record Management</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Procedures for closing inactive client records for inpatient programs within 3 days and outpatient programs for 30 days [67:61:07:04(1-2)]	___	<u>✓</u>	___
b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]	<u>✓</u>	___	___
c. Established ongoing compliance review process (67:61:04:03)	<u>✓</u>	___	___

Comments: Northeastern Mental Health’s policy states that outpatient SUD clients who have not been seen in ninety days will be closed. Additionally, there were a number of files in which clients had not received services nor been contacted in over thirty days, yet were still open and active clients.

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 (67:61:10:01)	<u>✓</u>	___	___

Comments:

6. <u>Assessment (67:61:07:05)</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	<u>✓</u>	___	___
b. Presenting problems or issues	<u>✓</u>	___	___

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|---|----------|-------|-------|
| c. Identification of readiness for change in problem areas | <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> | _____ | _____ |
| 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:

7. <u>Treatment Plan (67:61:07:06)</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:			
i. Ten calendar days (2.1, 2.5, 3.1, 3.7)	<u>✓</u>	___	___
ii. Thirty calendar days (1.0)	<u>✓</u>	___	___

Comments:

8. Progress Notes (67:61:07:08)	Yes	No	N/A
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	<u>✓</u>	_____	_____
b. 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>	_____	_____
c. Brief assessment of the client’s functioning	<u>✓</u>	_____	_____
d. Description of what occurred during the session, including action taken or plan to address unresolved issues	<u>✓</u>	_____	_____
e. Brief description of what client and provider plan to work on during the next session	<u>✓</u>	_____	_____
f. Signature and credentials of staff providing the services	<u>✓</u>	_____	_____

Comments:

9. Continued Service Criteria (67:61:07:07)	Yes	No	N/A
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)	_____	_____	<u>✓</u>
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	_____	<u>✓</u>	_____
iii. Thirty calendar days (1.0, 3.1)	_____	<u>✓</u>	_____
b. Progress and reasons for retaining the client at the present level of care	<u>✓</u>	_____	_____

- c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care _____ ✓ _____

Comments: Five of eight applicable reviewed files did not have continued service reviews completed within the required time frames. It was observed that Northeastern Mental Health completes continued service reviews and progress notes on a single document, so when a client has not received services, a progress note is not completed, and thus a continued service review is often not completed in the required time frame either. Northeastern Mental Health must ensure that continued service reviews are being completed every thirty days for clients enrolled in outpatient treatment, and every fourteen days for clients enrolled in intensive outpatient treatment.

Additionally, three of eight applicable reviewed files consistently lacked individualized plans of action to address the reasons for retaining the individual at the present level of care. Again this is likely due to Northeastern Mental Health combining continued service reviews and progress notes on a single document. Northeastern Mental Health appears to use the description of what the client and clinician plan to work on during the next session as the plan of action to address the reasons for retaining the individual at the present level of care. Many times, the plan for next session is not thorough enough to encapsulate a plan of action to address the reasons for retaining the client.

10. <u>Transfer or Discharge Summary (67:61:07:10)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge	_____	_____ <u>✓</u> _____	_____
b. Summary of the client’s problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	_____	_____ <u>✓</u> _____	_____
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	_____ <u>✓</u> _____	_____	_____

Comments: Five of eight applicable reviewed files did not have discharge summaries completed within five days of the client’s discharge. Additionally, some files contained “discharge” summaries, while other files contained “treatment interruption” summaries. Documents titled “discharge summary” correctly contained the client’s problems, course of treatment, and progress toward planned goals. Documents titled “treatment interruption summary” often did not contain the client’s problems, course of treatment, and progress toward planned goals. Northeastern must ensure all discharge summaries are completed within five days of the client’s discharge and that all summaries contain the necessary requirements.

11. Tuberculin Screening Requirement (67:61:07:12)	Yes	No	N/A
a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services	<u>✓</u>	___	___

Comments:

12. Intensity of Services	Yes	No	N/A
a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03)	<u>✓</u>	___	___
b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents shall be provided at least 6 hours of services.	<u>✓</u>	___	___
c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics.	___	___	<u>✓</u>
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.	___	___	<u>✓</u>
e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period.	___	___	<u>✓</u>

- f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics.

____ _ ✓

Comments:

13. Signatures

	Three Year Accreditation (100%-90%)
X	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