Site Accreditation Report – South Dakota Urban Indian Health Inc.

Completed: November 13, 2019

Levels of Care Reviewed:
Substance Use Disorder (SUD) Services
Outpatient Services

Review Process: South Dakota Urban Indian Health Inc. was reviewed by the Division of Behavioral Health for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 84.5%
Combined Client Chart Review Score: 97.6%
Cumulative Score: 94.7%

Administrative Review Summary

Strengths: The agency’s director has an open-door policy to staff members. The administration is very innovated with new ideas to improve the agency. Staff report feeling supported by the leadership team as they encourage the staff to attend trainings and continue in their professional development. The agency implanted a cultural coordinator who provides multiple activities for the clients they serve as well as those that live in the community. The agency has positive community relationships and holds monthly meetings with community partners.

Recommendations: None

Plan of Correction:
The following areas will require a plan of correction to address the rules 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 these rules.

1. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events according to ARSD 67:61:02:21. Each agency shall report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client’s illness or underlying condition, permanent harm or severe temporary harm and intervention required to sustain life. The agency did not have a sentinel event policy and a policy will need to be developed.
2. The contract attachment 1 requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented. These policies referencing the contract attachment were missing in review of the policies and procedures.

3. According to ARSD 67:61:05:01, a two-step Tuberculin skin test for new employees is required, within 14 days of the date of hire and again within the first twelve months of employment. In review of the personnel files, one of the two files reviewed the TB skin test was not completed within 14 days of hire.

**CLIENT CHART REVIEW SUMMARY**

**Strengths:** In review of the charts, the integrated assessments were organized, concise and easy to follow. The client’s treatment appeared to be individualized as evidenced by the client’s progress notes and continued stay reviews. The clients interviewed reported feeling welcome at the agency. They agency provides multiple services on-site for the clients including medical services.

**Recommendations:**

1) It is recommended the integrated assessments include the formulation of a diagnosis and the ASAM criteria for the appropriate level of care to help when coordinating services outside of the agency per ARSD 67:61:07:05.

2) The treatment plans were brief in describing the client’s measurable objectives or methods leading to the completion of short-term goals. Within the treatment plans, it is recommended to describe more in detail on which interventions the client will utilize to complete their goals per ARSD 67:67:07:06.

**Plan of Correction:** None