



## **Office of Licensing and Accreditation**

### **Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 December 4-6, 2023**

Southeastern Behavioral Health

2000 S Summit Ave  
Sioux Falls, SD 57104  
Prevention  
Outpatient Treatment (1.0)

<b>1. Governance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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)	<u>✓</u>	_____	_____
b. Policy for not denying clients equal access to services (67:61:03:04)	<u>✓</u>	_____	_____
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<u>✓</u>	_____	_____
d. Business hours posted in prominent place on premises (67:61:04:09)	<u>✓</u>	_____	_____
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	<u>✓</u>	_____	_____
f. Up-to-date policy and procedure manual (67:61:04:01)	<u>✓</u>	_____	_____
g. Up-to-date organizational chart (67:61:05:09)	<u>✓</u>	_____	_____
h. Sentinel event policy (67:61:02:21)	<u>✓</u>	_____	_____
i. Policy for notifying DSS of changes (67:61:02:20)	<u>✓</u>	_____	_____

Comments:

<b>2. Program Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Schedule of fees based on client ability to pay (67:61:04:06)	<u>✓</u>	_____	_____
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<u>✓</u>	_____	_____

c. Client rights policy (67:61:06:01; 67:61:06:02)	<u>✓</u>	___	___
d. Client grievance policy (67:61:06:04)	<u>✓</u>	___	___
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:

<b>3. Personnel</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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,	<u>✓</u>	___	___

volunteers, and interns (67:61:05:06)

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Employee TB policies and procedures (67:61:05:01)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Complete employee records; policies to maintain those records (67:61:05:08)                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

<b>4. <u>Case Record Management</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 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)] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Established ongoing compliance review process (67:61:04:03)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

<b>5. <u>Environmental/Sanitation/Safety/Fire Prevention</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| a. Health, safety, sanitation, and disaster plan (67:61:10:01) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comment

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>	_____	_____
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:

<b>7. <u>Prevention</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. Delineate a work plan to outline scope of services. Found on evidence-based programming list. Made available to the public and staff (67:61:11:01).	<u>✓</u>	_____	_____
b. Will offer one or more of the following, with written description available to staff members, the public and DSS. Includes target population, program goals, scope of services, measurable objectives, program evaluations and outcomes (67:61:11:03)			
i. Information dissemination services	<u>✓</u>	_____	_____
ii. Education services	<u>✓</u>	_____	_____
iii. Alternative services	<u>✓</u>	_____	_____
iv. Problem identification and referral	<u>✓</u>	_____	_____

services

- |      |   |          |          |       |
|------|---|----------|----------|-------|
| v.   | Community-based services  | <u>✓</u> | _____    | _____ |
| vi.  | Environmental services  | <u>✓</u> | _____    | _____ |
| c.   | Evidence based interventions (67:61:11:05)  | <u>✓</u> | _____    | _____ |
| d.   | Database of information and referral sources that is posted publicly (67:61:11:05)  | <u>✓</u> | _____    | _____ |
| e.   | Maintains a record of all prevention activities including: (67:61:11:07)  |          |          |       |
| i.   | Record of presenters and participants   | <u>✓</u> | _____    | _____ |
| ii.  | Demographics of participants including age, race, gender  | <u>✓</u> | _____    | _____ |
| iii. | Record of all program activities  | <u>✓</u> | _____    | _____ |
| iv.  | Copies of all programmatic materials  | <u>✓</u> | _____    | _____ |
| f.   | Conducts annual satisfaction surveys (67:61:11:08)  | _____    | _____    | _____ |
| g.   | Conducts participant evaluations after each presentation (67:61:11:08)  | _____    | <u>✓</u> | _____ |
| h.   | Conducts pre- and post-tests for all presentations (67:61:11:08)  | <u>✓</u> | _____    | _____ |
| i.   | Completes a quality assurance review of its programming with an annual summary report made available to the board of directors, agency staff, and DSS | <u>✓</u> | _____    | _____ |
| j.   | Staff have completed Substance Abuse Prevention Skills Training or Foundations of Prevention within one year of hire (67:61:05:04)                    | <u>✓</u> | _____    | _____ |

Comments: Southeastern does not conduct participant evaluations after each presentation.

## 8. 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)

Signature will be in template

\_\_\_\_\_  
Chris Kenyon, Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Site Visit

Signature will be in template

\_\_\_\_\_  
Muriel Nelson, Program Manager

\_\_\_\_\_  
Date