



Office of Licensing and Accreditation

**Accreditation Survey Report
for Community Mental Health Centers
ARSD 67:62
February 28-29, 2024**

Southern Plains Behavioral Health Services

500 E 9th Street
Winner, SD 57580

Levels of Care:

Children, Youth, and Family Services

Outpatient Mental Health Services

Comprehensive Assistance with Recovery and Empowerment (CARE)

1. Governance	Yes	No	N/A
a. Non-profit organization (67:62:03:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Annual, entity-wide financial audit (67:62:05:05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Business hours posted in a prominent place on-premises (67:62:04:02)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Board of directors meets at least quarterly and keeps minutes of all meetings (67:62:03:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Up-to-date policy and procedure manual (67:62:05:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Up-to-date organizational chart (67:62:06:07)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sentinel event policy (67:62:02:19)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Policy for notifying DSS of changes (67:62:02:18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Adopted by-laws (67:62:03:02)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Serve the counties designated to them by the division (67:62:04:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Policy for not denying clients equal access to services (67:62:03:04)	<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 (67:62:05:06)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy prohibiting client abuse, neglect, and exploitation (67:62:07:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 a high school diploma if supervised by a clinical supervisor (67:62:06:03)	<u>✓</u>	_____	_____

- | | | | |
|--|---|-------|-------|
| 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>
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- | | | | |
|--|---|-------|-------|
| a. Procedures for closure and storage of case records (67:62:08:03) | ✓ | _____ | _____ |
| b. Policy for case records to be retained for at least 6 years (67:62:05:04) | ✓ | _____ | _____ |
| c. Established ongoing compliance review process (67:62:05:03) | ✓ | _____ | _____ |

Comments:

5. <u>Environmental/Sanitation/Safety/Fire Prevention</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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- | | | | |
|--|---|-------|-------|
| a. Health, safety, sanitation, and disaster plan (67:62:09:01) | ✓ | _____ | _____ |
|--|---|-------|-------|

Comments:

6. <u>Assessment (67:62:08:05)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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- | | | | |
|---|---|-------|-------|
| a. Strengths of the client and client's family if appropriate; identification of resources within the family | ✓ | _____ | _____ |
| b. Presenting problems or issues | ✓ | _____ | _____ |
| c. Identification of readiness for change in problem areas | ✓ | _____ | _____ |
| 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

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

Comments:

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:

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 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>	___	___
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:

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: In six of twenty-one applicable files, six-month reviews were either missing justification for the continued need of mental health services or the justification was not individualized to the client.

10. <u>Supervisory Review (67:62:08:09)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Progress toward treatment plan goals/objectives	<u>✓</u>	___	___
b. Significant changes to treatment goals/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: In six of eighteen applicable files, supervisory reviews were either missing justification for the continued need of mental health services or the justification was not individualized to the client.

11. Crisis Intervention (67:62:08:11)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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.	<u>✓</u>	_____	_____

Comments:

12. <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: Several reviewed files did not have discharge summaries completed within five working days of discharge. It was determined that Southern Plains was using their last date of contact with a client as their discharge date, rather than a date chosen by the clinician. This was causing discharge summaries to frequently be late. After discussions with Southern Plains, they have a plan in place to change the date of discharges so discharge summaries are completed on time.

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

March 21, 2024
Date

February 28-29, 2024
Date of Site Visit

Muriel Nelson
Muriel Nelson, Program Manager

March 21, 2024
Date