South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report
for Community Mental Health Centers

ARSD 67:62

April 30-May 1, 2024

Three Rivers Mental Health & Chemical Dependency Center

11 E 4th Street

Lemmon, SD 57638

Levels of Care:

Children, Youth, and Family Services

Outpatient Mental Health Services

Comprehensive Assistance with Recovery and Empowerment

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

Comments:

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:62:05:06)	✓		
b. Policy prohibiting client abuse, neglect, and exploitation (67:62:07:03)	✓		
c. Client rights policy (67:62:07:01; 67:62:07:02)	✓		

d. Client grievance policy (67:62:07:04)	✓		
e. Submits accurate statistical data (67:02:05:02)	✓		
f. Discharge policy (67:61:06:07)	✓		
g. Client orientation policy and procedure (67:62:05:07)	✓		
h. Services shall be available for those with complex Mental health issues and co-occurring disorders (67:02:04:02)	✓		

Comments:

3. Personnel	**Yes**	**No**	**N/A**
a. Orientation completed within 10 days of hire with all required components (64:62:06:04)	✓		
b. Office of Inspector General Medicaid exclusion list check (67:62:06:10)	✓		
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)	✓		
d. Policy and procedure for supervising employees, volunteers, and interns (67:62:06:05)	✓		
e. IMPACT services do not exceed a ratio of at least one primary therapist for every 12 clients (67:62:12:02)			✓
f. Staff hired after 12/31/10 who provide direct MH and support services have at least an associate's 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. Case Record Management	Yes	No	N/A
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. Environmental/Sanitation/Safety/Fire Prevention	Yes	No	N/A
a. Health, safety, sanitation, and disaster plan (67:62:09:01)	✓		

Comments:

6. Assessment (67:62:08:05)	Yes	No	N/A
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. Treatment Plan (67:62:08:07)	Yes	No	N/A
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	✓		
b. Diagnostic statement and statement of short and long-term goals	✓		
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	✓		
d. Statement identifying staff member responsible for facilitating treatment methods	✓		
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	✓		
f. Evidence of the client's meaningful involvement in formulating the plan	✓		
g. Completed within 30 days of intake	✓		

Comments:

8. Progress Notes (67:61:07:08)	Yes	No	N/A
a. Progress note for each billable service	✓		
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			
c.	Brief assessment of the client's functioning	✓		
d.	Description of what occurred during the session, including action taken or plan to address unresolved issues	✓		
e.	Brief description of what client and provider plan to work on during the next session	✓		
f.	Signature and credentials of staff providing the services	✓		

Comments:

9. Treatment Plan Review (67:62:08:08)		**Yes**	**No**	**N/A**
a.	Treatment plan reviewed at a minimum of six month Intervals	✓		
b.	Review of progress made or significant changes to goals or objectives	✓		
c.	Justification for continued need for mental health Services	✓		
d.	Staff signature, credentials, and date of review	✓		

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 — May 13, 2024 — Date

April 30-May 1, 2024

Date of Site Visit

Muriel Nelson

Muriel Nelson, Program Manager — May 13, 2024 — Date