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## **Accreditation Report – Three Rivers Mental Health and Chemical Dependency Center**

**Date of Review: May 18-19, 2021**

**Accreditation Outcome: Three Year Accreditation**

### **REVIEW PROCESS:**

Three Rivers Mental Health and Chemical Dependency Center (TRMHCDC) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on May 18-19, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Compliance
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

### **AGENCY SUMMARY:**

Three Rivers Mental Health and Chemical Dependency Center is a non-profit Substance Use Disorder and Mental Health agency located in Lemmon S.D. The agency is seeking to renew accreditation for outpatient substance use disorder services (SUD), outpatient mental health services, children youth and family (CYF), and comprehensive assistance with recovery and empowerment (CARE).

Jason Lillich has been the director with TRMHCDC since January 2020. Three Rivers Mental Health and Chemical Dependency Center's mission statement is "Dedicated to empowering individuals and families to build a better future!". The agency covers a very large rural area of South Dakota and has several satellite offices to accommodate their clients.

### **INTERVIEW RESULTS:**

**Description:** The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

*Office of Licensing and Accreditation interviewed two clients. No concerns were noted. The clients spoke highly of TRMHCDC. One client stated everyone knows each other in a small community, but feels safe and session information is kept confidential.*

*Agency staff expressed confidence in the leadership from their director. The main concern of the staff is the need for more staff, so the agency can meet the increasing needs of the community.*

### **STAKEHOLDER SURVEY:**

**Description:** Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

*Stakeholder results were sent out and collected over the past three years. Three Rivers Mental Health and Chemical Dependency Center had a total of 27 responses. No concerns were indicated.*

### **AREAS OF COMPLIANCE:**

**Description:** The following areas were identified as areas the agency demonstrated compliance to administrative rules.

1. According to 67:62:08:010 Crisis intervention planning is completed if client has safety issues or risks, frequent crisis situations, recurrent hospitalizations; out of home placement, homelessness; is a danger to self or others; or has involvement in the criminal justice system.

All clients receiving mental health services create a crisis plan with their counselor. The client's crisis plan is reviewed at least yearly and updated if needed. After the plan is created, the client receives a business card that serves as a reminder for what to do if they are found in a crisis.

2. According to 67:61:07:08 & 67:62:08:12 & 13. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the client's substance use disorder.

*All progress notes were completed and were very detailed. The agency includes No-show notes which assists in seeing the progress of the client.*

### **AREAS OF RECOMENDATION:**

**Description:** The following area was identified as an area that the agency is recommended to review and ensure that the area is corrected. The area identified met minimum standards which would not require a plan of correction at this time however if it continues to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to 67:62:08:14 A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.

*One chart out of three in CYF did not have a transfer or discharge summary completed. The client was transferring to Systems of Care.*

**AREAS REQUIRED FOR PLANS OF CORRECTION:**

**Description:** The following area will require a plan of correction to address the rule 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 the rule.

1. According to ARSD 67:61:07:05 An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:
  - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable
  - Presenting problems or issues that indicate a need for services
  - Identification of readiness for change for problem areas, including motivation and supports for making such changes
  - Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization
  - Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history
  - Family and relationship issues along with social needs
  - Educational history and needs
  - Legal issues
  - Living environment or housing

- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal
- Past or current indications of trauma, domestic violence, or both if applicable
- Vocational and financial history and needs
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present
- Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening
- Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable
- Clinician's signature, credentials, and date; and
- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

*Three out of four charts in SUD outpatient were missing documentation that domestic violence and trauma was discussed. If there are no concerns with trauma, please document no concerns so the reviewer knows it was discussed.*

2. According to 67:61:02:20 and 67:62:02:18 An accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation.

An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements

for the continuation of services to clients by another accredited agency before the closing.

*This was not listed in policy and procedures.*

**PRIOR AREAS REQUIRING A PLAN OF CORRECTION:**

**Description:** Three Rivers Mental Health and Chemical Dependency was last reviewed by the Department of Social Services, Office of Licensing and Accreditation in June 2018. The 2018 review identified four areas of recommendations and four areas requiring a plan of correction. TRMH CDC resolved three out four prior areas of recommendation, and partially resolved the fourth recommendation. The four areas requiring a plan of correction have been resolved.

**ACCREDITATION RESULTS:**

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)