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

September 9-11, 2026

Behavior Management Systems dba West River Mental Health

350 Elk Street

Rapid City, SD 57701

Levels of Care:

Outpatient, CYF, IMPACT, CARE

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: West River Mental Health does not have a policy for notifying the Department of Social Services of changes.

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: West River Mental Health does not have a policy and procedure for client orientation.

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: West River Mental Health does not have a policy and procedure to ensure staff to client ratio does not exceed 1:12.

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: West River Mental Health does not have a closure and storage of records policy.

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

Comments: West River Mental Health meets all the requirements of this section.

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: 100% of reviewed outpatient mental health assessments, 100% of reviewed children, youth and family assessments, and 80% of reviewed CARE assessments were missing readiness for change.

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: West River Mental Health meets all requirements of this section.

8. Progress Notes (67:61:07:08)	Yes	No	N/A
1. Progress note for each billable service	✓		

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	✓		
3.	Brief assessment of the client's functioning	✓		
4.	Description of what occurred during the session, including action taken or plan to address unresolved issues	✓		
5.	Brief description of what client and provider plan to work on during the next session	✓		
6.	Signature and credentials of staff providing the services	✓		

Comments: West River Mental Health meets all requirements of this section.

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: West River Mental Health meets all requirements of this section.

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: West River Mental Health meets all requirements of this section.

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: West River Mental Health meets all requirements of this section.

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: West River Mental Health meets all requirements of this section.

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

October 8, 2026

Date

September 9-11, 2026

Date of Site Visit

Muriel Nelson

Muriel Nelson, Program Manager

October 8, 2026

Date