Social Services

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Program Name:
Main Gate Counseling
Due Date: April 11, 2024

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Plan of Correction 1	
Rule #: 67:61:04:05	**Rule Statement:** Each agency shall maintain an accounting system pursuant to generally accepted accounting principles. If requested by the department, the agency shall submit to the department a copy of an annual entity-wide, independent financial audit. The audit must be completed and filed with the department by the end of the fourth month following the end of the fiscal year being audited. Each audit must contain, as part of the supplementary information, a cost report as outlined by the department. If applicable, the audit must be conducted in accordance with 2 C.F.R. Part 200, Subpart F, in effect on August 13, 2020. In the case of an entity-wide, independent financial audit or a single audit, the agency shall ensure the resolution of all interim audit findings. The agency shall facilitate and aid any reviews, examinations, and agreed-upon procedures the department or any contractor may perform.
Area of Noncompliance: Main Gate Counseling did not have a financial audit completed for the last fiscal year. Main Gate must outline their plan to complete a financial audit, as well as an anticipated timeline for completion.	
Corrective Action (policy/procedure, training, environmental changes, etc): See Attached Email 3/21/2024	**Anticipated Date Achieved/Implemented:** **Date**
Supporting Evidence:	**Position Responsible:**
How Maintained:	**Board Notified:** Y ☐ N ☐ n/a ☐

Plan of Correction 2	
Rule #: 67:61:05:09 (1)	**Rule Statement:** An agency shall maintain personnel policies and records for all staff, including provisions for equal employment opportunities. An agency shall maintain a personnel file for each staff member, including any contracted staff, intern, or volunteer. The file must contain:

	1. The application filed for employment; OR Resume, transcript, and diploma/degree

The two new personnel files reviewed contained transcripts but did not contain resumes or diplomas/degrees.

Corrective Action (policy/procedure, training, environmental changes, etc): updated Policy & Procedures.	**Anticipated Date Achieved/Implemented:** **Date** 4/1/2024
Supporting Evidence: Employment Applications for New Hires attached	**Position Responsible:** Director
How Maintained: New Hire Hand Book with all Needed Forms. Director	**Board Notified:** Y [X] N [ ] n/a [ ]

Plan of Correction 3	
Rule #: **67:61:05:08** **(2)**	**Rule Statement:** An agency shall maintain personnel policies and records for all staff, including provisions for equal employment opportunities. An agency shall maintain a personnel file for each staff member, including any contracted staff, intern, or volunteer. The file must contain: 2. The position description, signed by the staff member, with a statement of duties and responsibilities, and the minimum qualifications and competencies necessary to fulfill these duties.

Area of Noncompliance: The two new personnel files reviewed did not contain a position description with the necessary requirements.

Corrective Action (policy/procedure, training, environmental changes, etc): Updated Policies & Procedures	**Anticipated Date Achieved/Implemented:** **Date** 4/1/2024
Supporting Evidence: Job Descriptions Attached	**Position Responsible:** Director
How Maintained: New Hire Hand Book with all Needed Forms Director	**Board Notified:** Y [X] N [ ] n/a [ ]

Plan of Correction 4	
Rule #: **67:61:05:08(3)**	**Rule Statement:** An agency shall maintain personnel policies and records for all staff, including provisions for equal employment opportunities. An agency shall maintain a personnel file for each staff member, including any contracted staff, intern, or volunteer. The file must contain: 3. Evidence of having completed appropriate pre-hire screening, in the case of a staff member who provides direct services to vulnerable populations.

Area of Noncompliance: The two new personnel files reviewed did not have evidence of any pre-hire sreenings, such as background checks.	
Corrective Action (policy/procedure, training, environmental changes, etc): Policies & Procedures updated	**Anticipated Date Achieved/Implemented:** **Date** 4/1/2024
Supporting Evidence: Added To Job Deciptions -	**Position Responsible:** Director
How Maintained: New Hire Hand Book updated with New forms & Contact Information To "ClearCheck"	**Board Notified:** Y [X] N [ ] n/a [ ]

Plan of Correction 5	
Rule #: **67:61:05:12**	**Rule Statement:** Each agency shall routinely check the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General, to ensure that each new hire, as well as any current employee, is not on the list. No payment to the agency may be provided for services furnished by an excluded individual. Documentation that the check has been completed must be placed in the employee's personnel file.

Area of Noncompliance: Evidence of checks of the List of Excluded Entities was missing in all personnel files. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends checking the list annually. https://exclusions.oig.hhs.gov/	
Corrective Action (policy/procedure, training, environmental changes, etc): Updates To Be run	**Anticipated Date Achieved/Implemented:** **Date** 5/30/24
Supporting Evidence: ClearChecks Acct established	**Position Responsible:** Director
How Maintained: Will Be Conducted in January - added To Personnel files	**Board Notified:** Y [X] N [ ] n/a [ ]

Plan of Correction 6	
Rule #: **67:61:07:06**	**Rule Statement:** An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, an intensive outpatient treatment program, a day treatment program, a clinically-managed low-intensity residential treatment program, or a medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan must be documented in the client's clinical record. The individualized treatment plan must be developed within ten calendar days of the client's admission to an intensive outpatient treatment program.

	The individualized treatment plan must be developed within thirty calendar days of the client's admission to an outpatient services program.

Area of Noncompliance: Five of eight reviewed files did not have treatment plans completed. All clients must have treatment plans completed. The treatment plans that were completed did not have diagnostic statements or clinical impressions.

It is recommended that the addiction counselor or addiction counselor trainee complete the treatment plans, instead of letting the clients complete their own treatment plans, so as not to miss any of the requirements outlined in administrative rule.

Corrective Action (policy/procedure, training, environmental changes, etc): Policy/Procedures updated - New hires & existing staff provided w/ TH/Trained on how to Implement	**Anticipated Date Achieved/Implemented:** Date 4/1/2024
Supporting Evidence: Copies of Policy/Procedure - New Forms	**Position Responsible:** Director
How Maintained: Monthly Education/Training - Work Closely with Client to Complete	**Board Notified:** Y [X] N [ ] n/a [ ]

Plan of Correction 7	
Rule #: **67:61:07:10**	**Rule Statement:** An addiction counselor or addiction counselor trainee shall complete a transfer or discharge summary for a client, within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client's case record. A process must be in place to ensure that the transfer or discharge summary is completed in the management information system.

Area of Noncompliance: Three of the five reviewed files that did not contain treatment plans, were successfully discharged. However, the discharge summaries did not have progress toward planned goals and objectives identified in the treatment plans because those files did not have treatment plans. Main Gate must include progress toward goals and objectives included in discharge summaries.

Corrective Action (policy/procedure, training, environmental changes, etc): Policies & Procedures updated - Staff Training on 3/24/24	**Anticipated Date Achieved/Implemented:** Date 4/1/2024
Supporting Evidence: Copies attached	**Position Responsible:** Director
How Maintained: Monthly Education/Training - Work Closely w/ MS Staff and Clients	**Board Notified:** Y [X] N [ ] n/a [ ]

Plan of Correction 8	
Rule #: **67:61:07:10**	**Rule Statement:** When a client prematurely discontinues services, reasonable attempts must be made and documented by the agency to re-engage the client, if appropriate.

Subject **POC**
From <cmayes@gwtc.net>
To Kenyon, Chris <Chris.Kenyon@state.sd.us>
Date 2024-03-21 11:38

Chris:

I have been talking with our accountant (who is independent from us) and he is asking why we need an audit? He stated that if he does one it will cost us upwards of $5000.00. Not sure how we can afford this. I am able to do Profit & Loss profile on my own.. Just need some direction on this one.

Thanks

Cathy Mayes CCDC1
Main Gate Counseling Services
325 S Monroe St. Suite 110
Winner, SD 57580
cmayes@gwtc.net

Area of Noncompliance: There were no re-engagement attempts documented in the files of clients who prematurely discontinued services and were unsuccessfully discharged. Main Gate must document attempts to re-engage clients.	
Corrective Action (policy/procedure, training, environmental changes, etc): Policies & Procedures updated	**Anticipated Date Achieved/Implemented:** Date 4/1/2024
Supporting Evidence: Copies attached	**Position Responsible:** Director
How Maintained: Regular Education / Training for all staff	**Board Notified:** Y [X] N [ ] n/a [ ]

Signature of Agency Director: Cathy Mayes	Date: 4/9/2024

Please email or send Plan of Correction to:

Department of Social Services
Office of Licensing and Accreditation
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff: Chris Kruger	Date: 4/18/24

67:61:07:06. Treatment Plans. Addiction counselors or addiction counselor trainees at Main Gate Counseling Services shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, as clinically-managed low-intensity residential treatment program, or a medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan must be documented in the client's clinical record.

The individualized treatment plan must be developed within ten calendar days if the client's admission to an intensive outpatient treatment program.

Revised on 4/1/24

Personal Recovery Plan

Name:_____ Home Phone:_____

Admission Date:_____ Work/Cell Phone:_____

It is important to your recovery to continue to work through your problems. Your recovery never can stand still. You must be constantly moving forward in your program. Working with your counselor, you must detail exactly what you need to do to continue this process. Each psychological problem or family problem will need a specific plan of action and you must commit yourself to following this recovery plan. Do not think that just because you have completed treatment, your problems are over. Your recovery is just beginning and you need to work diligently to stay clean & sober.

Make a list of the problems that you need & want to address in this program and discuss them with your counselor. Any emotional, family, legal, social, physical, leisure, work, spiritual, or school problems will have to have a plan. How are you going to address that problem in recovery? What is the goal? What do you want to achieve? Develop your personal recovery plan with your counselor.

A. Treatment plan for continue sobriety:

1. Problem 1: _____

   Goal: _____

   Plan: _____

   _____

   _____

   _____

2. Problem 2: _____

   Goal: _____

   Plan: _____

   _____

   _____

   _____

3. Problem 3: _____

   Goal: _____

   Plan: _____

   _____

   _____

   _____

B. Relapse:
In the event of a relapse, list the specific steps that you will take to deal with the problem:

_____

_____

_____

If you have any problems or concerns in sobriety, you always can call the treatment center staff at the following number: 842-0312

C. **Make a list of the things that you are going to do daily to stay clean & sober:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

D. **You are changing your lifestyle: it will be important to avoid certain people, places, & situations that will put you at high risk. List the people, places, & situations you need to avoid in recovery:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

E. List your weakness:

F. List your strengths and positive qualities:

G. How can you apply these strengths & positive qualities to your recovery process & completing you Goals:

H. Your Personal Goal (s) for this program:

I. Your Personal Long Term Goal (s) for the next year:

ASAM LEVEL OF CARE:

X Level I Outpatient Services / Individual
X Level II Intensive Outpatient Treatment

Stage of change at beginning of this program:		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. OR Relapse: Returning to older behaviors & abandoning the new changes.	

Admission Diagnosis:

Clinical Impression:

Statement of Commitment

I understand that the success of my recovery depends on my adherence to my recovery plan. This program has been explained to me and I understand fully what I must do in recovery. I commit to myself that I will follow this plan.

Client's Signature:_____

Counselor's Signature:_____

Date:_____

Client Name: _____

Date of Transfer / Completion: _____

Discharge to:

Transfer to: **Level of Care:** _____

Goals Completed:

Completion of Program:

Goals Completed:

Notified of Complete or transfer:

CSO:

PO:

Attorney:

Courts:

ASAM LEVEL OF CARE:

Level I Outpatient Services / Individual
Level II Intensive Outpatient Treatment
Completion of Programs

Stage of change at Discharge / Transfer :		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. **OR Relapse:** Returning to older behaviors & abandoning the new changes.	

Counselor's Signature:_____

Date:_____

67:61:07:10. Transfer or Discharge Summary. Each addiction counselor or addiction counselor trainee at Main Gate Counseling Services shall complete a transfer or discharge summary for a client, within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. 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 must be maintained in the client's case record. A process must be in place to endure that the transfer or discharge summary is completed in the management information system.

Revised on 4/1/24

Personal Recovery Plan

Name:_____ Home Phone:_____

Admission Date:_____ Work/Cell Phone:_____

It is important to your recovery to continue to work through your problems. Your recovery never can stand still. You must be constantly moving forward in your program. Working with your counselor, you must detail exactly what you need to do to continue this process. Each psychological problem or family problem will need a specific plan of action and you must commit yourself to following this recovery plan. Do not think that just because you have completed treatment, your problems are over. Your recovery is just beginning and you need to work diligently to stay clean & sober.

Make a list of the problems that you need & want to address in this program and discuss them with your counselor. Any emotional, family, legal, social, physical, leisure, work, spiritual, or school problems will have to have a plan. How are you going to address that problem in recovery? What is the goal? What do you want to achieve? Develop your personal recovery plan with your counselor.

A. Treatment plan for continue sobriety:

1. Problem 1: _____

   Goal: _____

   Plan: _____

   _____

   _____

   _____

2. Problem 2: _____

   Goal: _____

   Plan: _____

   _____

   _____

   _____

3. Problem 3: _____

   Goal: _____

   Plan: _____

   _____

   _____

   _____

B. Relapse:
In the event of a relapse, list the specific steps that you will take to deal with the problem:

_____

_____

_____

If you have any problems or concerns in sobriety, you always can call the treatment center staff at the following number: 842-0312

C. **Make a list of the things that you are going to do daily to stay clean & sober:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

D. **You are changing your lifestyle: it will be important to avoid certain people, places, & situations that will put you at high risk. List the people, places, & situations you need to avoid in recovery:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

E. List your weakness:

F. List your strengths and positive qualities:

G. How can you apply these strengths & positive qualities to your recovery process & completing you Goals:

H. Your Personal Goal (s) for this program:

I. Your Personal Long Term Goal (s) for the next year:

ASAM LEVEL OF CARE:

X Level I Outpatient Services / Individual
X Level II Intensive Outpatient Treatment

Stage of change at beginning of this program:		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. OR Relapse: Returning to older behaviors & abandoning the new changes.	

Admission Diagnosis:

Clinical Impression:

Statement of Commitment

I understand that the success of my recovery depends on my adherence to my recovery plan. This program has been explained to me and I understand fully what I must do in recovery. I commit to myself that I will follow this plan.

Client's Signature:_____

Counselor's Signature:_____

Date:_____

Client Name: _____

Date of Transfer / Completion: _____

Discharge to:

Transfer to: Level of Care: _____

Goals Completed:

Completion of Program:

Goals Completed:

Notified of Complete or transfer:

CSO:

PO:

Attorney:

Courts:

ASAM LEVEL OF CARE:

Level I Outpatient Services / Individual
Level II Intensive Outpatient Treatment
Completion of Programs

Stage of change at Discharge / Transfer :		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. OR Relapse: Returning to older behaviors & abandoning the new changes.	

Counselor's Signature:_____

Date:_____

ClearChecks

Andrea Leigh Kindt

ClearHire - National & 7-Year County

akindt006@gmail.com
12/08/1981
XXX-XX-0225

Report Ordered April 04, 2024 • 02:40pm
Application Submitted April 04, 2024 • 02:45pm
Report Complete April 04, 2024 • 06:15pm

INCLUDED CHECKS / JURISDICTION	STATUS	
SSN & Address Trace	Valid	Attention
National Criminal & Watchlists	Clear	
FALL RIVER, SD Names searched: Andrea Leigh Kindt	Clear	
TRIPP, SD Names searched: Andrea Leigh Kindt	Clear	

SSN Trace Valid

Social Security Number	XXX-XX-0225
Status	SSN IS VALID. ISSUED IN SD in 1983-1984

Associated Counties 13

This search returns locations that may be associated with this person based on their social security number, or addresses entered by the applicant. Dates may be approximate, and this should only be used to to identify county jurisdictions to search within the last 7 years.

⚠ Attention - Not all names from the SSN trace match the name provided by the applicant

	MATCHED NAME / DOB	APROX. DATES	COUNTY
✓	Andrea A Heth 12/08/1981	01-2000 to 02-2024	TRIPP, SD
✓	Andrea A Heth 12/08/1981	12-2014 to 05-2022	TRIPP, SD
✓	Andrea A Heth 12/08/1981	02-2000 to 09-2021	TRIPP, SD
✓	Andrea Kindt 12/08/1981	09-2020 to 09-2020	FALL RIVER, SD
✓	Andrea A Heth 12/08/1981	08-2009 to 01-2011	TRIPP, SD
✓	Andrea A Heth 12/08/1981	01-2007 to 12-2008	CRAWFORD, IA
✓	Andrea Heth 12/08/1981	06-2006 to 12-2008	SAC, IA
✓	Andrea A Heth 12/08/1981	03-2007 to 10-2008	TRIPP, SD
✓	Andrea A Heth 12/08/1981	08-2008 to 08-2008	MOODY, SD
✓	Andrea A Heth 12/08/1981	02-2006 to 12-2006	SAC, IA
✓	Andrea A Heth 12/08/1981	08-1999 to 12-2003	TRIPP, SD
✓	Andrea Heth 12/08/1981	08-2001 to 08-2001	TRIPP, SD
✓	Andrea Heth 12/08/1981	08-2001 to 08-2001	TRIPP, SD

National Criminal & Watchlists Clear

This report includes a multi-state database search. Information is obtained from, but not limited to, criminal record databases and various watchlists nationwide. This is a high-level search where not all jurisdictions are covered, and the timing of the reporting could be delayed. A clear result does not indicate records do not exist with the primary source. **We strongly recommend you order county-level searches in conjunction with the national criminal Search.**

SOURCE	STATUS
National Criminal Records Search	Clear
Multi-State Sex Offender Search	Clear
FBI Terrorist Watchlist	Clear
OFAC Global Sanctions List	Clear
Federal, State, & Local Wanted Fugitives	Clear

County Criminal Clear

This report includes a criminal county-level search. Information is obtained at the primary sourced courts within the jurisdiction selected. The counties suggested are based on the applicant's address history from the SSN trace.

FALL RIVER, SD Names searched: Andrea Leigh Kindt	Clear
TRIPP, SD Names searched: Andrea Leigh Kindt	Clear

All Jurisdictions & Lists Searched

ClearChecks

Baleigh Joan Cerv

ClearHire - National & 7-Year County

baleigh_1996@hotmail.com
09/21/1996
XXX-XX-6039

Report Ordered April 04, 2024 • 02:40pm
Application Submitted April 04, 2024 • 02:43pm
Report Complete April 04, 2024 • 06:15pm

INCLUDED CHECKS / JURISDICTION	STATUS
SSN & Address Trace	Valid
National Criminal & Watchlists	Clear
TRIPP, SD Names searched: Baleigh Joan Cerv	Clear

SSN Trace Valid

Social Security Number	XXX-XX-6039
Status	SSN IS VALID. ISSUED IN SD in 1996-1998

Associated Counties 2

This search returns locations that may be associated with this person based on their social security number, or addresses entered by the applicant. Dates may be approximate, and this should only be used to to identify county jurisdictions to search within the last 7 years.

	MATCHED NAME / DOB	APROX. DATES	COUNTY
✓	Baleigh J Cerv 09/21/1996	04-2017 to 02-2024	TRIPP, SD
✓	Baleigh J Cerv 09/21/1996	08-2015 to 04-2017	TRIPP, SD

National Criminal & Watchlists Clear

This report includes a multi-state database search. Information is obtained from, but not limited to, criminal record databases and various watchlists nationwide. This is a high-level search where not all jurisdictions are covered, and the timing of the reporting could be delayed. A clear result does not indicate records do not exist with the primary source. **We strongly recommend you order county-level searches in conjunction with the national criminal Search.**

SOURCE	STATUS
National Criminal Records Search	Clear
Multi-State Sex Offender Search	Clear
FBI Terrorist Watchlist	Clear
OFAC Global Sanctions List	Clear
Federal, State, & Local Wanted Fugitives	Clear

County Criminal Clear

This report includes a criminal county-level search. Information is obtained at the primary sourced courts within the jurisdiction selected. The counties suggested are based on the applicant's address history from the SSN trace.

TRIPP, SD — Clear
Names searched: Baleigh Joan Cerv

Employment Application: Main Gate Counseling

Name: Baleigh Cerv

Address: 525 Circle drive Winner, SD

Phone Number: 842-6610

Position Applied For: ACT

Past Employment History: Atlas Chiropractic/WRHC

Employer Name, Address, Phone Number Clint Willuweit, Winner regional

Dates of Employment 2023 - 2024

Supervisor's Name Clint Willuweit

Reason for Leaving Internship

1.

Proceeding with obtaining Bachelor's degree by Completing internship

2.

Three Personal References: Name, Address. Phone Number

1. Elliot Ronagen 605-840-0049
2. Jennifer Duffy 605-840-0201
3. Keshia Bauer 402-340-4406

Employment Application: Main Gate Counseling

Name: Andrea Kindt

Address: 31128 284th St Winner SD 57580

Phone Number: (605) 840-0306

Position Applied For: ACT

Past Employment Histroy:

Employer Name, Address, Phone Number

Dates of Employment

Supervisor's Name

Reason for Leaving

1. Shirleys Diner
Winner SD 57580
As needed Supervisor Name Martha Drapeau
Current still work as needed days don't work at Main Gate

2. Winner Regional Nursing Home
Winner, SD 57580 Human Resources
Jan 2012 - Jan 2012 Reason for leaving got pregnant and needed light duty work

Three Personal References: Name, Address. Phone Number

1. Raquel Brill Winner SD 57580 (605) 841-1970
2. Bria Heth Winner SD 57580 (605) 208-6152
3. Megan Fisher Winner SD 57580 (605) 809-5765

Main Gate Counseling Services
Employee Job Description

Requirements:

1. Employment is contingent on applicant having BAPP Addiction Counselor Trainee, then Licensed Addiction Counselor or be eligible to apply for Trainee Status with the BAAP Board.
2. Employment is contingent on the applicant agreeing to, signing on and practicing the stand Ethics practice as established by the BAPP for Chemical Dependency Counselor Ethics.
3. Employment is contingent on the applicant having professional skill related to the Chemical Dependency Counseling field with a willingness to maintain professional standards.
4. Employment is contingent on the applicant following the ARSD Standards set by the SD Dept of Social Services, Office of Licensing and Accreditation.
5. Applicant must understand and adhere to business practice of Main Gate Counseling Services being willing to apply skill in the areas required for Chemical Dependency Counseling

Main Gate Counseling is multi-faceted Agency providing services for the Chemical Dependent Client.
As an employee of Main Gate Counseling Service, the employee may be assigned to one or all of the following employment assignments.

1. Providing Treatment Needs Assessments for Chemical Dependent/Abuse Clients
2. Providing Individual counseling to Chemical Dependent/Abuse Clients
3. Providing Intensive Outpatient Chemical Dependency Treatment Groups
4. Providing Diversion/Prevention groups and programs for Clients
5. Facilitating a variety of Chemical Dependency/Abuse orientated Groups including: Parenting, Co-Dependency as well as other Chemical Dependency related groups.
6. Employee will follow all Policies of Main Gate Counseling Service, Adhere to ARSD Standards and uphold Standard Ethics practices of BAPP and the SD Department of Social Services office of Licensing and Accreditation.

Main Gate Counseling Services
325 S Monroe Street; Suite 110, Winner, SD 57580
Phone (605) 842-0312 – Fax (605) 842-3523

TREATMENT PLAN
Personal Relapse / Recovery Plan

Client Name:
Client Number:
Counselor's Name: Cathy Mayes, CCDC1
Start Date:

ASAM LEVEL OF CARE:

Level I Outpatient Services / Individual
Level II Intensive Outpatient Treatment

Stage of change at beginning of this program:		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. OR **Relapse:** Returning to older behaviors & abandoning the new changes.	

Admission Diagnosis:

STRENGTHS (Positive area that the client can build on):

HOW I CAN APPLY THESE STRENGTHS & POSITIVE QUALITIES TO MY RECOVERY PROCESS:

WEAKNESSES (areas that can be worked on):

PROGRAMS LONG TERM GOAL:

This program will assist the client in maintaining a program of recovery that is free of mind-altering chemicals, as well as, the negative effects from his use of mind-altering chemicals to meet the requirements of her CSO.

CLIENT'S LONG TERM GOAL:

Personal goal for this specific program:

Completion Date:_____ Date Updated:_____

Personal long term goal:

Completion Date:_____ Date Updated:_____

Relapse:

In the event of a relapse, list the specific steps that you will take to deal with the problem:

Support in Recovery:

Indicate the AA/NA meetings that you will attend each week during & after discharge:
Tuesday nights @ 8pm Winner – Episcopal Church
Saturday nights @ 7pm Winner – Episcopal Church
Monday nights @ 8pm Gregory – Mary Vale Hall
Monday nights – NA – 8pm – White River
Wednesday nights @ 8pm White River – Recovery Center

Make a list of things that Client feels he can do daily to stay clean & sober:

List the people and situations that client identified as high risk and that they need to avoid especially in early recovery:

PROBLEMS THE CLIENT WOULD LIKE TO ADDRESS WHILE IN THIS PROGRAM:

(High-risk situations, High-risk people, Peer Pressure, Relationship Issues, Communications Skills, Financial Problems, Environment, Works Problems, Legal Issues, Probation Requirements, etc)

ASAM Dimension II: Biomedical Conditions and Complications

ASAM Dimension III: Emotional/Behavioral Conditions and Complications

ASAM Dimension IV: Readiness to Change

ASAM Dimension V: Relapse/Continued Use Potential

ASAM Dimension VI: Recovery Environment

Problem(s) / Concern(s) you would like to address: (Problem #s match Goal #s & Plan #s)

Personal goal(s) for this problem (potential outcomes) – Potential Completion Dates is at end of Treatment Program :

Expected Completion Date:

Plan to assist in achieving goal(s):

How can this goal be accomplished (by the client with the assistance of this program):

Dates info presented/implemented:

Motivational Interventions to be implement throughout the Treatment program:

1. Client will continue identifying his high-risk situations and people. He will need to identify their need to develop skills necessary to cope with their triggers & that they want to be able to implement those tools when needed. Client will share this information with this counselor & participate with group discussions on these issues & how they could be handled. He will also participate with the role-playing activities to acquire the ability to implement those coping skills that they have.
Date completed/implemented: _____

2. Client will work on their antisocial traits & admits to wanting to be more accountable for their actions so they can have more positive outcomes & confidence. Client will participate in group discussions on relationships & also participate with the role-playing activities to acquire the ability to implement those coping skills when needed.
Date completed/implemented: _____

3. Client will develop a plan of honesty, accountability, and work on following rules. Client will participate with the Problem Solving segment by role-playing.
Date completed/implemented: _____

4. Client will participate with group discussions & activities related to emotions & feelings. Client will identify how they react to these feelings & emotions. Client will work on their personal problems, stressors, how peer-pressure affects them (both negative & positive) & become honest about their use & the possible negative or positive outcomes that they may face. Client will identify positive ways of handling their stressors & peer pressure, & personal issues while rebuilding their trust with themselves & their family. Client will participate in the group discussions on making changes / choices that will benefit them & identify a more positive way to express their feelings & this will allow them to gain a better understanding of the impact their feelings have had on them in the past.
Date completed/implemented:

5. Client will be reviewing information about their addiction/behavior & addressing their awareness of a need to make changes in their lifestyle. List their successes which have allowed them to maintain their abstinence in the past & currently. Share list with this counselor & the group & discuss possible ways to continue to produce positive results.
Date completed/implemented:

6. Client will continue to develop a personalized relapse prevention plan & identify their potential warning signs, as well as work on developing skills they feels comfortable with utilizing when needed & will be documenting these areas on their worksheets.
Date completed/implemented:

7. Identify the issues and circumstances surrounding their social environment and situations that they may encounter and identify what they will need to do to when in a situation or prior to a situation, so that alcohol or other mind-altering chemicals are not part of their support.
Date completed/implemented:

8. Motivate them-selves everyday to attend classes & remind them-self that their doing this to better themselves & get their life back free of mind-altering chemicals. Client will develop a relationship with this counselor & this group & begin to list social contacts that could be supportive of their future choices. Client will participate in the group discussion on the benefits of attending a 12-Step meeting.
Date completed/implemented:

9. Client will work on their commitment to change by looking at what they can change, identifying why they need to do so, and actually implements their acquired skills to work towards those changes.
Date completed/implemented:

Stage of change upon completion of this program: **Justification (use client's own words if applicable):**	
Precontemplation: **Not yet acknowledging that there is a problems behavior that needs to be changed.**	
Contemplation: **Acknowledging that there is problem but not yet ready or sure of wanting to make a change.**	
Preparation: **Getting ready to change**	
Action: **Changing behavior.**	
Maintenance: **Maintaining the behavior change.** **OR** **Relapse:** **Returning to older behaviors & abandoning the new changes.**	

Statement of Commitment to work on my Personal Addiction Recovery Plan

I understand that the success of my recovery depends on adherence to my recovery plan. The Intensive Out-Patient Program or Continued Care Program has been explained to me and I understand fully what I must do in recovery. I commit to myself that I will follow this plan.

Date Implemented:_____

Client's signature:_____ **Counselor's signature:**_____

Date Goals achieved by client: _____

Client's signature:_____ **Counselor's signature:**_____

Main Gate Counseling Services
325 S Monroe Street; Suite 110, Winner, SD 57580
Phone (605) 842-0312 – Fax (605) 842-3523

Discharge / Transfer

Client Name:

Client Number:

Counselor's Name:

Date:

Stage of change at beginning of this program:		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. OR **Relapse:** Returning to older behaviors & abandoning the new changes.	

Discharge / Transfer Diagnosis:

Discharge to:

Transfer to:

ASAM LEVEL OF CARE:

Level I Outpatient Services / Individual
Level II Intensive Outpatient Treatment

Goals Completed:

Completion of Program:
Goals Completed

Notified of Complete or transfer:
CSO:

PO:

Attorney:

Courts:

ASAM LEVEL OF CARE:
Level I Outpatient Services / Individual
Level II Intensive Outpatient Treatment
Completion of Programs

Stage of change at Discharge / Transfer :		Justification (use client's own word if applicable):
	Precontemplation: Not yet acknowledging that there is a problems behavior that needs to be changed	
	Contemplation: Acknowledging that there is problem but not yet ready or sure of wanting to make a change.	
	Preparation: Getting ready to change.	
	Action: Changing behavior.	
	Maintenance: Maintaining the behavior change. OR Relapse: Returning to older behaviors & abandoning the new changes.	

Counselor's Signature:_____

Date:_____

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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Individuals



No Results were found for

Kindt , Andrea

If no results are found, this individual or entity (if it is an entity se . Print this Web page for your documentation

Search Again

Search conducted 4/10/2024 10:30:31 AM EST on OIG LEIE Exclusions database.
Source data updated on 4/10/2024 9:00:00 AM EST

Return to Search

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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Individuals

No Results were found for

Cerv , Baleigh

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 4/10/2024 10:29:46 AM EST on OIG LEIE Exclusions database.
Source data updated on 4/10/2024 9:00:00 AM EST

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