South Dakota Department of Social Services

Accreditation Report – Pennington County Sheriff's Office Addiction Treatment Services

Date of Review: November 8-9, 2021

Accreditation Outcome: Three Year Accreditation

REVIEW PROCESS:

Pennington County Sheriff's Office Addiction Treatment Services was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on November 8-9, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- 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 cumulative score.

AGENCY SUMMARY:

Pennington County Sheriff's Office Addiction Treatment Services is a county run Substance Use Disorder agency located in Rapid City, S.D. The agency is seeking to renew accreditation for Outpatient Substance Use Disorder Services, Clinically Managed Low Intensity Residential Treatment, and Clinically Managed Residential Detoxification. Pennington County also provides Intensive Meth Treatment and Criminal Justice Initiative Services.

Chief Deputy Willie Whelchel is the officer in charge of Addiction Treatment Services. Deanna Nolan is the clinical director. Addiction Treatment Services believes in a "no wrong door" approach. Their goal is to assist individuals in improving their quality of life through individualized and client driven treatment planning based on their identified strengths, problems, and needs. Addiction Treatment Services works closely with law enforcement, the court system, housing, healthcare agencies, other treatment facilities, mental health agencies, and other government agencies to provide a myriad of services for the people of Pennington County and western South Dakota.

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.

The Office of Licensing and Accreditation interviewed two clients. The clients spoke highly of Addiction Treatment Services. Both clients noted the "steps" in treatment allow clients to experience gradually increased freedom while in treatment, while at the same time maintaining a level of accountability and safety.

Four agency staff were interviewed. All staff said that Addiction Treatment Services is a great place to work. Staff feel that communication between employees and supervisors is excellent, and they feel like they are part of a team. There were no concerns noted during staff interviews.

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 four years. Pennington County Sheriff's Office Addiction Treatment Services had a total of 33 responses. No concerns were noted.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:
Description: The following areas are identified as areas that the agency is recommended to review and ensure they are corrected. The areas identified met minimum standards which do not require a plan of correction at this time; however if they continue to be found out of compliance on the next accreditation review, they could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:07:05(11) an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, withing 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 include:

   (11) Past or current indications of trauma, domestic violence, or both if applicable.

   Two of four assessments reviewed for Clinically Managed Low Intensity Residential Treatment clients did not include indications of past trauma or domestic violence, or lack thereof. It is recommended Addiction Treatment Services create a specific section in the treatment needs assessment to address the question of past trauma and domestic violence.

2. According to 67:61:07:10 an addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharge regardless of the reason for 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 is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

   One of three applicable reviewed outpatient substance use disorder files, and two of six applicable reviewed clinically managed low intensity residential treatment files did not have discharge summaries completed within five working days.

AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas 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 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically managed low intensity residential treatment program, or medically monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The individualized treatment plan shall be developed within ten calendar days of the client's admission.

   Three out of five applicable reviewed files for clinically managed low intensity residential treatment did not have a treatment plan completed within 10 days of admission.

2. According to ARSD 67:61:05:01 Tuberculin screening requirements for employees are as follows:
   - Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required documentation is provided of a previous positive reaction to either test;
   - A new staff member, intern or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;
   - Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician's assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of Mycobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

- Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Six out of six personnel files reviewed did not have evidence of the second step of the 2-step tuberculin skin test within 14 days of hire.

3. According to ARSD 67:61:05:01(5), the agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, intern, or volunteer. The file will include:

   - Copies of the staff's current credentials related to job duties.

   Four out of six applicable reviewed personnel files did not include copies of the staff's current credentials related to the job duties (required credentials as stated in the job description).

4. According to ARSD 67:61:05:12, each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

   None of the reviewed personnel files had evidence of the Medicaid Exclusion List being checked upon hire or routinely. The Office of Licensing and Accreditation advises checking the list for all personnel at least yearly to meet the "routine" requirement.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: Pennington County Sheriff's Office Addiction Treatment Services was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation on November 4-6, 2019. There were twelve items requiring plans of correction during the 2019 review. Eleven of those plans of correction were remedied for the 2021 review, and one remains a plan of correction.

South Dakota Department of Social Services

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

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