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## **Accreditation Report – Action for the Betterment of Our Community**

**Date of Review: March 14-15, 2022**

**Accreditation Outcome: Three Year Accreditation**

### **REVIEW PROCESS:**

Action for the Betterment of Our Community was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) in regard to Substance Use Disorders on March 14-15, 2022. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- 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 and personnel files, the client case record scores, and an overall cumulative score. The level of accreditation status is based on the overall cumulative score.

### **AGENCY SUMMARY:**

Action for the Betterment of Our Community (ABC) is a prevention and outpatient substance use disorder agency in Sturgis, SD. ABC also has satellite offices in Spearfish, Lead and Belle Fourche. Additionally, ABC recently took over ownership of the New Dawn Center in Vale, SD, which is a low-intensity residential treatment facility. Action for the Betterment of Our Community is seeking to renew accreditation for prevention services, outpatient substance use disorder services, and low-intensity residential treatment services.

Kara Graveman is the executive director of Action for the Betterment of Our Community. ABC's mission statement is "ABC improves the quality of life by collaborating to reduce substance use and high risk behaviors among youth, and address other social issues that may threaten the health and safety of communities and families." ABC offers all levels of outpatient substance use disorder treatment. They also use a number of prevention and diversion curriculum. Their residential program at New Dawn Center in Vale provides low-intensity residential services to adult men. Not only does ABC provide treatment to clients at New Dawn, they also assist in other vital areas of life, such as

applying and interviewing for jobs, transportation to medical appointments, and assistance in retrieving important documents.

### **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.

*Interviews were completed with three agency staff. There were no concerns noted. Staff noted excellent staff teamwork and an overall positive relationship. Staff also voiced excitement for ABC's expansion to New Dawn and their new satellite office in Belle Fourche. There were no concerns noted by staff.*

*Interviews were completed with four clients. Clients spoke positively of ABC. New Dawn clients shared they felt respected in treatment, and appreciated the combination of freedom and accountability. Outpatient clients shared that counselor's meet clients "where we're at" and feel like ABC is a non-judgmental environment. There were no concerns noted by clients.*

### **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. Action for the Betterment of Our Community received a total of 45 stakeholder responses. One stakeholder noted excellent communication, and another shared that ABC provided essential services that their community otherwise would not have. Stakeholders also hope to see ABC offer mental health services in the future, so they can address co-occurring disorders and trauma.*

*Additionally, since New Dawn Center was recently acquired by ABC, it had its own stakeholder surveys for the last three years. New Dawn had a total of 12 stakeholder responses over the last three years. One stakeholder shared that clients are treated with dignity and respect at New Dawn, and staff care about the clients they serve. Stakeholders also noted New Dawn has improved greatly overall since ABC took control of the facility.*

### **AREAS REQUIRED FOR PLANS OF CORRECTION:**

**Description:** The following areas will require a plan of correction to address the rules 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 these rules.

1. 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 received for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

*Action for the Betterment of Our Community did not have documentation of "periodic" checks of the Medicaid exclusion list in any of the reviewed employee files. To meet the requirement about checking "periodically", ABC must check the list for all employees at least annually.*

2. According to 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 treatment plan shall be recorded in the client's case records.

The individualized treatment plan shall be developed within ten calendar days of the client's admission to an intensive outpatient treatment

program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program.

*Three out of eight applicable reviewed clinically-managed low-intensity residential treatment plans were not completed within ten calendar days of admission.*

3. According to ARSD 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if.
  - The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work his or her treatment goals; or
  - The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
  - New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 14 calendar days for early intervention services.

*All three applicable reviewed early intervention (0.5) files were missing continued service criteria.*

4. According to ARSD 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 discharged 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. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

*All three applicable reviewed early intervention (0.5) files were missing discharge summaries.*

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

**Description:** Action for the Betterment of Our Community was last reviewed by the Department of Social Services, Office of Licensing and Accreditation in October 2019. The 2019 review identified three areas requiring a plan of correction. All three areas were resolved and found to be in compliance for this review.

Additionally, New Dawn Center, under prior ownership, was last reviewed by the Department of Social Services, Office of Licensing and Accreditation in April 2020. The 2020 review identified three areas requiring a plan of correction. All three areas were resolved and found to be in compliance for this review.

**ACCREDITATION RESULTS:**

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