
Accreditation Report – Behavior Management Systems

Date of Review: June 26-28, 2023

SUD Accreditation Outcome: Three-Year Accreditation

Mental Health Accreditation Outcome: Three-Year Accreditation

REVIEW PROCESS:

Behavior Management Systems (BMS) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on June 26-28, 2023. This report contains the following:

- Agency Summary
- Interview Results
- 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:

Behavior Management Systems is a community mental health center in Rapid City, SD. The agency is seeking to renew accreditation for IMPACT, CARE, CYF, and outpatient mental health services, as well as outpatient substance use disorder services, clinically-managed low-intensity residential treatment, and medically-monitored intensive residential treatment.

Behavior Management System's executive director is Amy Iversen. BMS has a number of locations throughout western South Dakota, including satellite offices in Hot Springs and Spearfish. BMS allows children ages 0-10 years old to live with their mothers while the mothers are attending residential treatment. They also provide a voluntary mental health transitional residential home for individuals with serious mental illnesses.

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 the quality improvement of the agency.

The Office of Licensing and Accreditation interviewed five staff members, including the director. Staff commended a positive environment and great teamwork amongst staff. Staff shared that BMS is proactive and innovative about using new treatment ideas and brainstorming ways to make care better for clients. There were no complaints noted by staff.

The Office of Licensing and Accreditation interviewed five clients. Clients shared that they have close relationships with their counselors. A few clients noted that there were staffing issues a few years ago, but it has improved greatly recently. All the clients agreed that BMS has been beneficial for them and have been helped by the services provided.

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 67:61:08:02(6), biologicals and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored separately including refrigeration, freezing, and protection from the light in an area that is inaccessible to clients and visitors. If these medications are stored in a refrigerator containing items other than medications, the medications shall be kept in a separate secured compartment.

There was a can of Pepsi and a bottle of Gatorade in the refrigerator designated for medication storage. There was no separate, secured compartment available for medication within the refrigerator.

2. 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 treatment plan shall be recorded in the client's case record and includes:

1. A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence;
2. A diagnostic statement and a statement of short and long term treatment goals that relate to the problems identified;
3. Measurable objectives or methods leading to the completion of short term goals including:
 - a. Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives;
 - b. Specification and description of the indicators to be used to assess progress;
 - c. Referrals for needed services that are not provided directly by the agency; and
 - d. Include interventions that match the client's readiness for change for identified issues;

And

4. A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program. All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.

Three out of four applicable outpatient treatment files did not have case plans completed. In this specific circumstance, clients had transferred from inpatient treatment to outpatient treatment for aftercare services. The treatment modality being used during outpatient services was Moral Reconciliation Therapy (MRT). The staff providing services listed MRT as the level of care rather than outpatient treatment.

All outpatient files must have treatment plans completed within 30 days, regardless of treatment modality being used.

3. According to ARSD 67:631:07:07, 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:
 - a. 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 toward his or her treatment goals; or
 - b. 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
 - c. 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 be safely delivered by continued stay in the current level of care.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every;

- a. Two calendar days for clinically-managed residential detoxification;
- b. 14 calendar days for early intervention services, intensive outpatient services, day treatment services, and medically-monitored intensive inpatient treatment;
- c. 30 calendar days for an outpatient treatment program and clinically-managed low-intensity residential treatment.

Three out of four applicable outpatient treatment files did not have continued service reviews completed.

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.

Three of four applicable client files did not have transfer summaries completed when the client transferred from inpatient treatment to outpatient treatment for aftercare services.

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

Description: Behavior Management Systems was last reviewed by the Office of Licensing and Accreditation on May 11-13, 2020. There were seven areas requiring plans of correction based on that review. One of those areas remains a plan of correction at the 2023 review, specifically regarding the completion of transfer and discharge summaries.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

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

AREAS REQUIRED FOR PLANS OF CORRECTION FOR MENTAL HEALTH 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.

There are no areas requiring a plan of correction for mental health services.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR MENTAL HEALTH SERVICES:

Description: Behavior Management Systems was last reviewed by the Office of Licensing and Accreditation on May 11-13, 2020. There were four areas requiring plans of correction based on that review. All of those areas were found to be in compliance at the 2023 review.

MENTAL HEALTH ACCREDITATION RESULTS:

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