Accreditation Report – Dr. Mark Bontreger, Inc.
Date of Review: July 28, 2021
Substance Use Disorder Score: 95.7%

REVIEW PROCESS:
Dr. Mark Bontreger, Inc. was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on July 28, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Compliance
- 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:

Dr. Mark Bontreger, Inc. is a private counseling practice, operating as a business corporation, in Watertown, SD. Dr. Mark Bontreger, Inc. provides Substance Use Disorder services and mental health services, but is only accredited for Substance Use Disorder Services. The agency is seeking to renew accreditation for outpatient substance use disorder services (SUD).

Dr. Mark Bontreger is the current owner, clinical director, and primary clinician of Dr. Mark Bontreger, Inc. According to their website, Dr. Mark Bontreger, Inc. is dedicated to providing an accessible, private, professional, calm, and caring counseling environment for those experiencing personal problems.

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.

Office of Licensing and Accreditation interviewed one client. No concerns were noted. The client spoke highly of Dr. Mark Bontreger, Inc. The client stated that Dr. Bontreger is smart, easy to talk to, and insightful. The client also stated that Dr. Bontreger is very flexible in cases of rescheduling.

Dr. Mark Bontreger was also interviewed. Dr. Bontreger stated working through COVID-19 was a challenge, but they were able to keep their doors open through the entire pandemic and began providing telehealth based therapy for those who could not physically come to services. Dr. Bontreger also stated that he believes it is important to be flexible and meet people “where they are”. Dr. Bontreger believes some of the agency’s strengths are providing privacy and being dual credentialed. He would like the agency to improve on their outreach so they can reach more people.

**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. Dr. Mark Bontreger, Inc. had a total of 21 responses. One stakeholder responded that Dr. Mark Bontreger, Inc. has great insight and experience in the field of Chemical Dependency and Mental Health fields. There were no concerns.

**AREAS OF COMPLIANCE FOR SUBSTANCE USE DISORDER SERVICES:**
**Description:** The following areas were identified as areas the agency demonstrated compliance to administrative rules regarding SUD services.

1. According to ARSD 67:61:07:05 an addiction counselor or addiction counselor trainee shall meet with the client and the client’s family if appropriate, to complete an integrated assessment, within 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 be recorded in the client’s case record and include the following:

- Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable
- Presenting problems or issues that indicate a need for services
- Identification of readiness for change for problem areas, including motivation and supports for making such changes
- Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization
- Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history
- Family and relationship issues along with social needs
- Educational history and needs
- Legal issues
- Living environment or housing
- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal
- Past or current indications of trauma, domestic violence, or both if applicable
- Vocational and financial history and needs
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present
- Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening
- Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable
- Clinician's signature, credentials, and date; and
- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or
formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis

All SUD files reviewed had integrated assessments completed within 30 days of intake, with all required components included.

2. According to ARSD 67:61:07:08, all programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided.

All SUD files reviewed had a minimum of one progress note documented per week.

3. 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.

All applicable SUD files reviewed had a discharge summary completed within five days of discharge, with all necessary requirements.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:
Description: The following area is identified as an area that the agency is recommended to review and ensure that the area is corrected. The area 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, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:07:05 (16), an integrated assessment is required to have the clinician’s signature, credentials, and date.

Six out of six reviewed assessments had the clinician’s signature and credentials, but the date was not written down. There was a typed date at the top of each assessment indicating when the assessment was completed, but no date with the signature to indicate when it was signed.
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 67:61:05:12, 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.

   Neither personnel file reviewed had evidence of routine checks of the Inspector General’s exclusion list.

2. According to ARSD 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:
   - Productive cough for a two to three week duration;
   - Unexplained night sweats;
   - Unexplained fevers; or
   - Unexplained weight loss

   Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall
provide a written statement form the evaluating physician before being allowed entry for services.

Two out of three applicable client files had no evidence of a tuberculosis screening in the file.

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

Description: Dr. Mark Bontreger, Inc. was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation on July 11, 2018. There were two plans of correction regarding Substance Use Disorder services during the 2018 review. Both of those plans of correction had been corrected by the 2021 review.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

Administrative Review Score: **98.4%**
Combined Client Chart Review Score: **94.6%**
Cumulative Score: **95.7%**

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