

## **Accreditation Report – First Step Counseling, Inc.**

**Date of Review: August 5, 2020**

**Overall Score: 96.4%**

### **REVIEW PROCESS:**

First Step Counseling, Inc. was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on August 5, 2020. This report contains the following:

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

### **AGENCY SUMMARY:**

First Step Counseling Services, Inc. is located in Sioux Falls, SD and has been operating since 1983. The agency is seeking to renew accreditation for early intervention services and outpatient treatment services. The services the agency provides within these levels of care include integrated assessments, DUI classes, outpatient treatment services, and intensive outpatient treatment services. First Step Counseling encourages and utilizes a Twelve-Step Recovery philosophy with their clients. First Step Counseling has been utilizing telehealth services since March of 2020 due to Covid-19 and will continue to do so until necessary. The agency does not currently have any staff vacancies. It employs an executive director, one clinical supervisor, two counselors, and one office administrator. The agency accepts payments through insurance or private pay and is willing to provide payment plans for clients if needed. First Step Counseling staff meets weekly to discuss clients and treatment progress. The agency distributes client satisfaction surveys when a client discharges to help with quality improvement. First Step Counseling has created partnerships with both legal offices and substance use disorder treatment services in order to streamline services for clients.

## **INTERVIEW RESULTS:**

**Description:** The Department of Social Services, Office of Accreditation and Licensure 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 both agency staff and one former client. No concerns were noted in the interviews.

## **STAKEHOLDER SURVEY:**

**Description:** The Division of Behavioral Health (DBH) collects Stakeholder Survey data 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, the DBH surveys 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. First Step, Inc had had six total responses from stakeholders and no concerns were noted.

## **AREAS OF STRNGTHS:**

**Description:** The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to ARSD 67:61:07:05, an addiction counselor or 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. In review of client case records two out of two client case records contained all required information and was completed within 30 days of intake. This area was an area of recommendation on the agency's last accreditation review due to assessments missing required information but appears to have been resolved.
2. 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. In review of the client records, eight out of eight client records contained a discharge summary completed within five working days of the client discharging from services with all required information in the summary.
3. According to ARSD 67:61:13:03, the program may provide to each client any combination of individual, group, or family counseling services of any intensity and frequency as required by the continued service criteria pursuant to § 67:61:07:07 of a client participating in outpatient treatment services. If counseling is provided, these services shall be less than nine hours in a one-

week period for adults. In review of the outpatient treatment client case records, two out of two clients received less than nine hours of services in a one-week period.

4. According to ARSD 67:61:14:03, the program shall provide any combination of individual, group, or family counseling two or more times per week to each client participating in intensive outpatient treatment services. Each adult client shall be provided with a minimum of nine hours of these services per week. In review of the intensive outpatient treatment client case records, two out of two clients received the required minimum of nine hours of services per week.
5. 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 and intensive outpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:
  - a) Productive cough for a two to three-week duration;
  - b) Unexplained night sweats;
  - c) Unexplained fevers; or
  - d) Unexplained weight loss.

In review of the client case records eight out of eight charts contained a TB screen completed within 24 hours of admission.

## **AREAS OF RECOMENDATION:**

**Description:** The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time however they are areas that if continued to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:12:02, the program may provide each individual client with a variety of services when they are participating in early intervention services, but it must provide initial screening and planning within 48 hours of initial contact. The initial screening shall be recorded in the client's case record and includes:
  - a) The client's current problems and needs;
  - b) The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;
  - c) The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, and the duration of use; and
  - d) A statement of the intended course of action;

In review of the early intervention client case records, one out of six charts did not contain an initial screening. The agency should ensure that all clients in early intervention services shall receive an initial screening within in 48 hours of initial contact and is reordered in their client case record.

2. According to ARSD 67:61:07:08, each client's case record shall record and maintain a minimum of one progress note weekly to document counseling sessions with the client, which substantiate all services provided and summarize significant events occurring throughout the case

management process. In review of the client case record's one out of eight clients reviewed was missing weekly progress notes. The agency should ensure each client receives weekly progress notes documented in their case record.

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. For outpatient treatment services the individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 30 calendar days. In review of the outpatient treatment client records, one out of three client case records were out of compliance. The continued service criteria were documented in the client case record however one was not completed within the 30-calendar day period. The agency should ensure that all continued service reviews are completed within 30 calendar days.

### **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 67:61:05:12, the SUD agency shall routinely check the Medicaid Exclusion List to ensure that each new hire as well as any current employee is not on the excluded list. Documentation in the staff's personnel records must contain evidence the Office of Inspector General Medicaid Exclusion list was checked. In review of the personnel files it was found that the agency is not checking the Medicaid Exclusion list as evidenced by no documentation found within the agency personnel files.
2. According to ARSD 67:61:10:01, each agency shall have a written policy on health, safety, sanitation and disaster plan that includes:
  - 1) specific procedures for responding to medical emergencies;
  - 2) procedures for responding to fire and natural disasters including evacuation plans, training and regularly scheduled drills;
  - 3) procedures to respond to communicable diseases;
  - 4) procedures to ensure sanitation of all settings

The agency's policy and procedure manual did not contain a policy that would adhere to 67:61:10:01. The agency should develop a policy and plans to ensure safety of clients and staff.

3. According to ARSD 67:61:07:04, each agency shall arrange for the safe storage of the client case records for six years from closure. In review of the agency's policies and procedure manual it was found the agency did not have a policy regarding retention of records. The agency should develop a policy to ensure safe storage client case records.

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

**Description:** First Step Counseling was last reviewed by the Department of Social Services, Office of Accreditation and Licensure in July of 2017. During this last accreditation review four areas of recommendations and four areas requiring a plan of correction were identified. During the current accreditation review it was found the First Step Counseling resolved three out of the four areas of recommendations and two out of four areas requiring a plan of correction. Due to three areas still found to be out of compliance on this current accreditation review the agency will be required to complete a new plan of correction on these same areas with division approval as well as proof of completion of the identified plan. The following areas found from the July of 2017 review that will require a new plan of correction:

1. According to ARSD 67:61:04:01, each SUD agency shall have a policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual. The agency does have a policy and procedure manual however within the policy and procedure manual it should state how the policy/procedure will be reviewed and updated within the agency. The policy manual is also missing supporting documentation for policies that require it.
2. According to ARSD 67:61:05:01, each new SUD staff, intern, and volunteer must receive the two-step method of tuberculin (TB) skin test or a 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 prior to the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period prior to employment can be considered an adequate baseline test. (Skin testing or TB blood assay tests are not necessary if documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not necessary if documentation is provided of a previous position reaction to either test.) The staff/intern/volunteer must have 2 complete tests completed in within the 14 days of hire. Personnel files reviewed did not have the second step TB test completed for any employee.
3. According to ARSD 67:61:06:02 clients have guaranteed rights. The agency does have a client rights form however it does not contain all necessary information. Three of the six guaranteed client rights should be updated to clearly identify all client rights. The following items from this rule were missing on the form:
  - iii. The right to seek and have access to legal counsel;
  - iv. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
  - v. The right to participate in decision making related to treatment, to the greatest extent possible.

## **ACCREDITATION RESULTS:**

**Administrative Review Score: 80.6%**  
**Combined Client Chart Review Score: 98.4%**  
**Cumulative Score: 96.1%**

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

