
Accreditation Report – Martin Addiction Recovery Center

Date of Review: October 6, 2021

Accreditation Outcome: Three Year Accreditation

REVIEW PROCESS:

Martin Addiction Recovery Center was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on October 6, 2021. 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, 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:

Martin Addiction Recovery is a non-profit Substance Use Disorder agency located in Martin S.D. The agency is seeking to renew accreditation for outpatient substance use disorder services (SUD).

The current clinical director, Tracee Livermont, stated one of the agency's strengths has been their ability to continue services throughout the COVID-19 pandemic by using zoom. Tracee has also made herself available 24 hours per day, seven days per week.

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.

One client interview was completed. There were no concerns noted. The client shared that Tracee always seems to have a positive attitude, even when working with clients who are not in treatment voluntarily.

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. Martin Addiction Recovery had a total of 18 responses. No concerns were indicated.

AREAS OF STRENGTHS:

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

1. 67:61:07:05 Integrated assessment. 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. 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 includes the following components:
 - 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.

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

All assessments were thorough and had the required information.

Some assessments included a note of "N/A" in sections that did not apply to the client. It is recommended that the counselor state, "Client reports no issues".

2. According to 67:61:07:10. Transfer or discharge summary. 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.

Discharge summaries were completed on time and gave a summary of what happened in treatment. The counselor also documented the attempts to re-engage the client back into services when they prematurely discontinued treatment.

AREAS OF RECOMENDATION:

Description: The following area was 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 would not require a plan of correction at this time however if it continues to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

According to CJI guidelines there should be documentation that progress notes and the discharge summary are sent to the referral source. Adding a line or check box stating the report was sent to the document would meet this requirement.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following area 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 67:61:07:07. Continued service criteria. 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 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:

- (1) Two calendar days for:
 - (a) Clinically managed residential detoxification.
- (2) 14 calendar days for:
 - (a) Early intervention services.
 - (b) Intensive outpatient services.
 - (c) Day treatment services; and
 - (d) Medically monitored intensive inpatient treatment; and
- (3) 30 calendar days for:
 - (a) Outpatient treatment program; and
 - (b) Clinically managed low-intensity residential treatment.

Of the files reviewed, only one file contained a continued service review. The review had information the client should remain in care. The review was missing the justification and the individual plan for continued

treatment. The review was divided by ASAM dimensions, but each dimension only had a box checked that the client should remain in the current level of care.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Martin Addiction Recovery Center was last reviewed by the Department of Social Services, Office of Licensing and Accreditation in September 2018. The 2018 review had no recommendations and one area requiring a plan of correction. That plan of correction has been resolved.

ACCREDITATION RESULTS:

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