Accreditation Report – Native Healing Program
Date of Review: March 16, 2022
Overall Score: 89.2%

REVIEW PROCESS:
Native Healing Program 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 16, 2022. This report contains the following:

- Agency Summary
- Interview 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:
Native Healing Program is a Substance Use Disorder agency located in Rapid City, South Dakota. Native Healing provides outpatient treatment services. Stanley LaRoque is the program director of Native Healing Program. He also serves as the current clinical director. Native Healing has been provisionally accredited since 2020.

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 conducted with two staff. Staff shared that recruitment of new staff has been a challenge, but also stated that staff are good at making clients comfortable and working with clients “where they are at”.

An interview was completed with one client. The client praised the agency for being very flexible and working with his schedule. The client did not note anything negative about Native Healing.

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 67:61:03:04, no agency may deny any person equal access to its facilities or services on the basis of race, color, religion, gender, ancestry, national origin, mental or physical illness, or disability unless such illness or disability makes treatment offered by the agency non-beneficial or hazardous. Each agency shall ensure that they comply with the Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq. (September 25, 2008) and the nondiscrimination on the basis of disability by public accommodations and in commercial facilities, 28 C.F.R. Part 36 (March 11, 2011). The agency shall provide referral services to individuals not admitted treatment.

Native Healing Program’s non-discrimination policy states “The program will accept tribally enrolled members residing in the Rapid City area according to terms between Indian Health Services and the Oglala Sioux Tribe. In compliance with Oglala Sioux Tribe regulation and state regulation for tribally enrolled members, the Native Healing Program will assist only those people eligible for I.H.S. services. Eligibility is specified as tribal people who are experiencing alcohol/drug addiction, abuse or related problems and in need of outpatient treatment.”

Native Healing Program must provide services to all people, regardless of their tribal membership or lack thereof. Native Healing Program may not require tribal enrollment or proof of Indian blood to provide services to clients. Native Healing Program must draft policy to reflect his non-discrimination procedure.
2. According to 67:61:05:01, tuberculin screening requirements for employees are as follows:

1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or 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 before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test;

2. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

3. Each staff member, intern, or volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of Mycobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

None of the personnel files reviewed had documentation of a two-step TB test completed within 14 days of employment or 12 months prior to employment.
3. According to ARSD 67:61:06:07, each agency shall have a written discharge policy. The policy includes the following:

1. Client behavior that constitutes reason for discharge at staff request;
2. The procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, consistent with the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. § 2.12(c)(5)(June 9, 1987) including who shall make the report to the appropriate law enforcement agency;
3. The procedure for the staff to follow when a client leaves against medical or staff advice, including offering the client discharge planning and continuation of care for substance abuse and any other condition and documentation of what was offered, consistent with the confidentiality of alcohol and drug abuse patient records, 42 C.F.R., Part 2 (June 9, 1987), confidentiality of alcohol and drug abuse patient records.
4. Prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and
5. The procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.

Native Healing Program’s policy and procedure manual correctly prohibits automatic discharge for non-prescribed substance use, however their client rule policy that clients are required to sign upon admission states that alcohol or illegal drug use will warrant immediate discharge. Native Healing Program needs to amend their client rule policy form to match their policy and procedure manual.

4. According to ARSD 67:61:07:05(3)(15), 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 include the following components:
3. Identification of readiness for change for problem areas, including motivation and supports for making such changes.

15. Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable.

Three out of three integrated assessments for early intervention clients were missing both identification of readiness for change, as well as eligibility criteria. Overall, the three early intervention assessments were missing all required ASAM criteria.

5. 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 objective identified in the treatment plan is maintained in the client case records. 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.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:
Description: Native Healing Program was last reviewed by the Department of Social Services, Office of Licensing and Accreditation on March 11, 2021. The 2021 review identified two areas requiring a plan of correction. One area was resolved, and another area remained an item requiring plan of correction for the 2022 review.
ACCREDITATION RESULTS:

Administrative Review Score: 90.4%
Combined Client Chart Review Score: 88.9%
Cumulative Score: 89.2%

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