



## **Office of Licensing and Accreditation**

### **Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 October 29, 2024**

Youth and Family Services

202 E. Adams Street

Rapid City, SD 57701

Levels of Care: Prevention, Outpatient SUD Services (0.5,1.0,2.1)

<b>1. Governance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy for not denying clients equal access to services (67:61:03:04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Business hours posted in prominent place on premises (67:61:04:09)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Up-to-date policy and procedure manual (67:61:04:01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Up-to-date organizational chart (67:61:05:09)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sentinel event policy (67:61:02:21)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Policy for notifying DSS of changes (67:61:02:20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

<b>2. Program Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Schedule of fees based on client ability to pay (67:61:04:06)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Client rights policy (67:61:06:01; 67:61:06:02)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Client grievance policy (67:61:06:04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Submits accurate statistical data (67:61:04:02)	<u>✓</u>	___	___
f. Discharge policy (67:61:06:07)	<u>✓</u>	___	___
g. Client orientation policy and procedure (67:61:04:07)	<u>✓</u>	___	___
h. Policy for responding to medical emergencies (67:61:04:09)	___	___	<u>✓</u>
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	<u>✓</u>	___	___
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	___	___	<u>✓</u>

Comments:

<b>3. Personnel</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	<u>✓</u>	___	___
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	<u>✓</u>	___	___
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)	___	___	<u>✓</u>
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	<u>✓</u>	___	___
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	<u>✓</u>	___	___

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|---|---------------------|
| f. Employee TB policies and procedures<br>(67:61:05:01)                           | <u>✓</u> ___    ___ |
| g. Complete employee records; policies<br>to maintain those records (67:61:05:08) | <u>✓</u> ___    ___ |

Comments:

<b>4. <u>Case Record Management</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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|---|---------------------|
| a. Procedures for closing inactive client records<br>for inpatient programs within 3 days and<br>outpatient programs for 30 days [67:61:07:04(1-2)] | <u>✓</u> ___    ___ |
| b. Policy for case records to be retained for at least<br>6 years [67:61:07:04(3)]  | <u>✓</u> ___    ___ |
| c. Established ongoing compliance review process<br>(67:61:04:03)   | <u>✓</u> ___    ___ |

Comments:

<b>5. <u>Environmental/Sanitation/Safety/Fire Prevention</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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- |   |                     |
|---|---------------------|
| a. Health, safety, sanitation, and disaster plan<br>(67:61:10:01) | <u>✓</u> ___    ___ |
|---|---------------------|

Comments:

<b>6. <u>Assessment (67:61:07:05)</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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- |  |                     |
|--|---------------------|
| a. Strengths of the client and client's family if<br>appropriate; identification of resources within<br>the family | <u>✓</u> ___    ___ |
| b. Presenting problems or issues   | <u>✓</u> ___    ___ |
| c. Identification of readiness for change in<br>problem areas  | <u>✓</u> ___    ___ |

- |   |          |       |       |
|---|----------|-------|-------|
| d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization | <u>✓</u> | _____ | _____ |
| e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history   | <u>✓</u> | _____ | _____ |
| f. Family and relationship issues along with social needs   | <u>✓</u> | _____ | _____ |
| g. Educational history and needs  | <u>✓</u> | _____ | _____ |
| h. Legal issues   | <u>✓</u> | _____ | _____ |
| i. Living environment or housing  | <u>✓</u> | _____ | _____ |
| j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal  | <u>✓</u> | _____ | _____ |
| k. Past or current indications of trauma, domestic violence, or both if applicable  | <u>✓</u> | _____ | _____ |
| l. Vocational and financial history and needs   | <u>✓</u> | _____ | _____ |
| m. Behavioral observations or mental status   | <u>✓</u> | _____ | _____ |
| n. Formulation of a diagnosis   | <u>✓</u> | _____ | _____ |
| o. Eligibility determination  | <u>✓</u> | _____ | _____ |
| p. Clinician's signature, credentials, and date   | <u>✓</u> | _____ | _____ |
| q. Clinical supervisor's signature, credentials, and date   | <u>✓</u> | _____ | _____ |
| r. Completed within 30 days of intake for 1.0;  | <u>✓</u> | _____ | _____ |

10 Days for 2.1.

Comments:

<b>7. Tuberculin Screening Requirement (67:61:07:12)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

<b>8. Prevention</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. Delineate a work plan to outline scope of services. Found on evidence-based programming list. Made available to the public and staff (67:61:11:01).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Will offer one or more of the following, with written description available to staff members, the public and DSS. Includes target population, program goals, scope of services, measurable objectives, program evaluations and outcomes (67:61:11:03)			
i. Information dissemination services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Education services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Alternative services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Problem identification and referral services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Community-based services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Environmental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evidence based interventions (67:61:11:05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Database of information and referral sources that	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

is posted publicly (67:61:11:05)

e. Maintains a record of all prevention activities including:  
(67:61:11:07)

- |      |   |          |       |       |
|------|---|----------|-------|-------|
| i.   | Record of presenters and participants   | <u>✓</u> | _____ | _____ |
| ii.  | Demographics of participants including age, race, gender  | <u>✓</u> | _____ | _____ |
| iii. | Record of all program activities  | <u>✓</u> | _____ | _____ |
| iv.  | Copies of all programmatic materials  | <u>✓</u> | _____ | _____ |
| f.   | Conducts annual satisfaction surveys (67:61:11:08)  | <u>✓</u> | _____ | _____ |
| g.   | Conducts participant evaluations after each presentation (67:61:11:08)  | <u>✓</u> | _____ | _____ |
| h.   | Conducts pre- and post-tests for all presentations (67:61:11:08)  | <u>✓</u> | _____ | _____ |
| i.   | Completes a quality assurance review of its programming with an annual summary report made available to the board of directors, agency staff, and DSS | <u>✓</u> | _____ | _____ |
| j.   | Staff have completed Substance Abuse Prevention Skills Training or Foundations of Prevention within one year of hire (67:61:05:04)                    | <u>✓</u> | _____ | _____ |

Comments:

## 9. Signatures

<b>X</b>	<b>Three Year Accreditation (100%-90%)</b>
	<b>Two Year Accreditation (89.9% - 70%)</b>
	<b>Probation (69.9% and below)</b>
	<b>One Year Provisional Accreditation (70% and above)</b>

\_\_\_\_\_  
Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Site Visit

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date