Accreditation Report – Youth and Family Services, Inc
Date of Review: August 20, 2021
Overall Score: 95.1%

REVIEW PROCESS:
Youth and Family Services was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on August 20, 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:
Youth and Family Services is a non-profit Substance Use Disorder agency located in Rapid City S.D. The agency is seeking to renew accreditation for prevention and outpatient substance use disorder services (SUD).

The current clinical director, Maureen Murray, stated one of the agency’s strengths is they employ dually licensed therapists and, because of this the agency can provide wrap-around services. Youth and Family Services is not accredited for mental health services are available to clients. Currently, Youth and Family Services provides assessments and prevention services.
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.

No client interviews were completed due to the agency only offering prevention services and assessments. The staff interviewed reported that Youth and Family Services has strong ties with other prevention agencies and the Prevention Resource Center.

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. Youth and Family Services had a total of 30 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.
AREAS OF RECOMMENDATION:
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.

There are no areas of recommendations.

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.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:
Description: ROADS Outpatient Treatment Program Counseling Services was last reviewed by the Department of Social Services, Office of Licensing and Accreditation in November 2019. The 2019 review identified one area of recommendations and four areas requiring a plan of correction. ROADS Outpatient Treatment Program resolved the one prior area of recommendation and three out of the four prior areas requiring a plan of correction.

1. 67:61:04:01 Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.

   Youth and Family Services has a policy and procedure manual. Some rules need to be updated with ARSD 67:61. The manual still references outdated rule.

2. 67:61:02:21 Sentinel event notification. Each accredited agency shall make a report to the division within 24 hours of any sentinel event including, death not primarily related to the natural course of the client’s illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:
• A written description of the event.
• The client’s name and date of birth.
• Immediate actions taken by the agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

This policy was not found in the policy and procedures manual.

3. 67:61:11:05 Criteria for determining evidence-based intervention. Evidence-based intervention is defined by inclusion under one or more of three public resources as follows:

• Federal lists or registries of evidence-based interventions.
• Reported positively in peer reviewed journals.
• Documented effectiveness based on four guidelines for evidence which are:

  a) The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
  b) The intervention is similar in content and structure to interventions that appear in registries or the peer reviewed literature or both.
  c) The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
  d) The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions like those under review.

A-D in this rule needs to be updated in the manual.
4. 67:61:05:12 Office of Inspector General Medicaid exclusion list. 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.

In reviewing the personnel files, the Medicaid exclusion list has not been checked since the last review in 2018.

5. 67:61:05:01 Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows.

a) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin 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 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 position reaction to either test.

b) 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.

c) Each staff member, intern, and 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
d) 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.

*This rule needs to be updated in the policy manual. TB tests do not need to be completed annually and requirement b is not correct.*

**ACCREDITATION RESULTS:**

Administrative Review Score: **94.6%**  
Combined Client Chart Review Score: **96.1%**  
Cumulative Score: **95.8%**

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