

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Department: Substance Use Disorder-Administration

Policy Number: HHS-SUD-ADM 8113

Policy Title: Individual Abuse Prevention Plan

Attachments:

Revision History: 5/2017

Revised by/Date: Mark Watters/Holly Hunter 1/29/2020

Approved by: *mark watters*

Date: 2/28/20

Mark Watters, Substance Use Disorder Director

Approved by:

Date:

Nicole Anderson, Commissioner of HHS

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3-4-2020

POLICY STATEMENT: Mille Lacs Band of Ojibwe Substance Disorders staff, along with client, will identify potential risk factors to ensure the safety of all clients.

PURPOSE: The purpose of this policy is to identify potential risk factors for each individual client and address them in an appropriate manner.

DEFENITIONS:

Individual Abuse Prevention Plan (IAPP): An individual abuse prevention plan is developed with the involvement of the client and if applicable the client's legal representative or significant other.

Program Abuse Prevention Plan: A document which assesses the program population, physical plant and environment that the program is located and identifies potential risk factors. For each risk factor identified, there is noted the measures employed to minimize potential abuse/neglect.

PROCEDURE:

- A. The IAPP form is completed upon admission. It is part of the initial assessment process and will be updated as additional information becomes available.
- B. The IAPP is completed with the involvement of the client, medical records and information obtained through the referring agent. The client and staff completing the form will sign, date, and time the form upon completion. If the client declines the interview, staff will sign, date, and time that the client declined the interview and continue completing the IAPP using information from all medical records and from the referring facility.
- C. The IAPP is reviewed and revised as indicated:
 1. During updates of the client's treatment plan.
 2. Any time behaviors or situations could pose likelihood of harm to self or others.
- D. The plan shall contain an individualized assessment of:
 1. The client's risk of self- harm/ self-abuse.
 2. The client's risk of susceptibility to abuse from other individuals.
 3. The client's risk of abusing others.

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- 4. The client's risk to visitors/ other persons outside the facility.
- E. If there is no identified vulnerability the staff will mark "no" and continue onto the next section.
- F. If there is an identified vulnerability the staff must complete the remainder of the assessment for that section.
- G. For identified risks and vulnerabilities a determination is made as to whether the Program Abuse Prevention Plan has the necessary measures to minimize the risk. If the Program Abuse Prevention Plan has the measures to minimize the client's risk, to a level where the program can safely meet the client's need. Staff will document on the IAPP the number and area of the Program Abuse Prevention Plan where the plan addresses the measure.
- H. For those vulnerabilities where the Program Abuse Prevention Plan has the necessary measure to minimize the risks staff will include the measures in the client's individualized abuse prevention plan to minimize the risks need. The risks will be included in the client's treatment plan once the treatment plan is completed. If there is a need to start a new IAPP the current vulnerabilities will be brought forward to the new IAPP form.
- I. Primary counselor and client will sign, date, and time the IAPP form during the review or any updates.

Internal and/or External References	
Compliance - Posting Date	3/4/2020 (HW)
Replaces – Policy Number	
Next Review - Due Date	3/4/2023