

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

Department: Substance Use Disorders-Four Winds Lodge **Policy Number:** HHS-SUD-FW 4703

Policy Title: Assessment

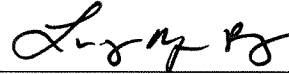
Attachments:

Revision History: 6/2016

Revised by/Date: Lindsay Misquadace-Berg 7/2021

Approved by:

Lindsay Misquadace-Berg, Four Winds Treatment Director



Date:

8/2/2021

Approved by:

Nicole Anderson, Commissioner of HHS



Date:

8-8-2021

POLICY STATEMENT: A comprehensive biopsychosocial assessment is completed with each client within three (3) calendar days after admission into Mille Lacs Band Four Winds Lodge, unless otherwise indicated in their chart.

PURPOSE: The purpose of this policy is to ensure that the Licensed Alcohol and Drug Counselor and/or Upper Midwest Indian Council on Addictive Disorders Counselor complete a thorough assessment within an appropriate time frame.

DEFINITIONS:

LADC: Licensed Alcohol and Drug Counselor

UMICAD: Upper Midwest Indian Council on Addictive Disorders

LIP: Licensed Independent Practitioner: An individual who is licensed to diagnose and treat medical conditions and prescribe medications. This individual may be a Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA).

RN: Registered Nurse

PROCEDURE:

- A. The Pre-Admission Assessment is initiated when the initial referral is made. Information is collected prior to the point of formal admission and completed upon admission.
- B. The addiction assessment must be completed within three (3) calendar days after admission and service initiation for residential programs. If the assessment cannot be completed in the time specified, the treatment plan must indicate how and when it will be completed.
 1. The comprehensive assessment of the client's chemical use problems is coordinated by a LADC or UMICAD. They may rely on information provided by a referring agency or other sources when information is available.
 2. The addiction assessment includes information about the client's problems that relate to chemical use and personal strengths that support recovery. It includes:

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- a. Age, sex, cultural background, religion and spiritual orientation, sexual orientation, living situation, economic status and level of education;
 - b. Circumstances of admission and service initiation;
 - c. Previous attempts at treatment for chemical use or dependency, compulsive gambling or mental illness;
 - d. Chemical use history including amounts and types of chemicals used, frequency of use and periods of abstinence;
 - e. Specific problem behaviors exhibited by the client when under the influence of chemicals;
 - f. Current family status, family history, including history or presence of physical or sexual abuse, level of family support, and chemical use/abuse, or dependency among family members and significant others;
 - g. Physical concerns or diagnoses that may influence the treatment plan;
 - h. Mental health history and current psychiatric status, including symptoms, disability, current treatment supports, and psychotropic medication needed to maintain stability;
 - i. Arrests and legal interventions related to chemical use;
 - j. Ability to function appropriately at work and educational setting;
 - k. Ability to understand written treatment materials, including rules and client rights;
 - l. Risk-taking behavior, including behavior that puts the client at risk of exposure to blood-borne or sexually transmitted diseases;
 - m. Social network in relation to expected support for recovery and leisure time activities that have been associated with chemical use.
3. An addiction assessment summary is prepared by a LADC or UMICAD within three (3) calendar days for a residential program. The summary must contain information relevant to treatment planning and address each of the following dimensions:
- a. Acute intoxication and withdrawal potential;
 - b. Biomedical conditions and complications;
 - c. Emotional and behavioral conditions and complications;
 - d. Treatment acceptance and resistance;
 - e. Relapse and continued use potential; and
 - f. Recovery environment.
- C. Information regarding the client's current physical and mental status is recorded on the admission health screen within 8 hours of admission. An RN reviews the information and completes any additional assessment needed, as soon as possible but within 72 hours.
1. If the prospective client is assessed as having immediate medical or psychiatric needs he or she is referred for medical or psychiatric clearance for admission.
 2. The admission health assessment contains screens for various conditions. If these screens are positive, an in-depth assessment is completed. Screens include:
 - a. Falls
 - b. Pain
 - c. Nutrition
 - d. Suicide
 - e. Other screens as appropriate
 3. Clients are asked to identify behaviors that would indicate that they are losing control and how staff can help the client to de-escalate and regain control.
 4. Reassessment of the client's status is conducted as indicated.
 5. The Admission Health Screen will be completed by the LPN to determine the need for any further medical recommendations or referrals to community providers.

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- D. An Individual Abuse Prevention Plan (IAPP) is completed during the admission process.
 - 1. When the assessment indicates that the client does not need specific risk reduction measures in addition to those identified in the Program Abuse Prevention Plan, the Individual Abuse Prevention Plan must document this determination.
 - 2. An Individual Abuse Prevention Plan is implemented for each client who is determined to be a vulnerable adult. The Individual Abuse Prevention Plan is reviewed and, if indicated, revised at least weekly.
- E. A History and Physical examination is completed by an LIP within three (3) days of admission to residential programs. If a comprehensive History and Physical is provided from an outside agency, performed in the preceding 30 days, the LIP may review this and sign it to comply with this requirement.
- F. Self-Assessment:
 - 1. During the admission process clients are asked to identify verbally or in writing their strengths, treatment and aftercare needs;
 - 2. Clients assess their progress in treatment each week
- G. Reassessment:
 - 1. Subsequent and on-going reviews, reevaluation and assessment to determine treatment needs and the client's response to care, as well as discharge/service termination planning, occur at least weekly or more frequently, as needed, throughout the client's treatment.
 - 2. Significant change in the client's condition or diagnosis results in reassessment.
- H. Updates:
 - 1. If the client is readmitted 30 days or less following discharge, a new Admission Health Screen, History and Physical examination, and Individual Abuse Prevention Plan will be completed. The Addiction Assessment will be updated.
 - 2. An update addresses every section of an assessment.
 - 3. In the case of readmission 30 days or more following discharge, new versions of all assessments are completed.

Internal and/or External References	MN Statutes, Section 4665.3500
Compliance - Posting Date	8/8/2021 11
Replaces – Policy Number	
Next Review - Due Date	8/2024