

Self-Assessment for Providers

This assessment should be done for each program administered by your organization

Items to be Scored on the Following Likert Scale:

1. Rarely
2. Occasionally
3. Sometimes
4. Often
5. Consistently

Integration-General

1. ___ Staff are knowledgeable about the way trauma, substance abuse and mental illness interact.
2. ___ Consumers are provided with psychoeducation about the way in about the ways in which trauma, substance abuse and mental illness interact..
3. ___ Service plans address substance abuse, mental illness and trauma when appropriate.
4. ___ Care management is available which integrates substance abuse, mental health and violence/trauma services.
5. ___ Multi-disciplinary teams can be consulted to address service plan difficulties.
6. ___ Policies and procedures encourage direct care providers to have regular contact (with consent of the consumer) with other service providers who serve the same client.
7. ___ Aftercare plans address substance abuse, mental illness and trauma.
8. ___ The program appropriately supports direct care staff in participating in supervision and obtaining training.

Total ___

Trauma Integrated into other services.

1. ___ Staff is knowledgeable about symptoms of trauma.
2. ___ Staff is knowledgeable about domestic violence
3. ___ Staff is knowledgeable about the risk for retraumatization of victims of violence by staff and peers.
4. ___ Staff is knowledgeable about vicarious traumatization and self-care.
5. ___ Staff is knowledgeable of non-violent de-escalation techniques.
6. ___ Consumers are assessed regarding their history of experiencing violence.
7. ___ Consumers are assessed regarding their current safety from perpetrators.
8. ___ Consumers are assessed regarding the safety of their current living situation
9. ___ Psychoeducation is provided for consumers about domestic violence.
10. ___ Psychoeducation is provided for consumers about the symptoms of trauma.
11. ___ Psychoeducation is provided for consumers regarding skills for dealing with trauma symptoms such as grounding and self-soothing.
12. ___ Consumers have access to services for healing from trauma.

13. ___ Consumers have access to safety planning.
14. ___ Consumers have access to legal services
15. ___ Crisis Prevention Plans are developed in which consumers and providers agree regarding what to do if the behavior of the consumer begins to escalate.
16. ___ Advanced Directives are developed regarding what consumers would like providers to do in the event of a crisis (i.e. who should be notified, where she might be transferred if necessary).
17. ___ Physical restraints are used only as an extreme exception and last resort in accordance with the recommendations of the report of the Massachusetts Department of Mental Health Task Force on the Restraint and Seclusion of Persons who have been Physically or Sexually Abused.
18. ___ Consumers are instructed in procedures for maintaining each other's confidentiality in order to maintain safety.
19. ___ Procedures are in place to protect both staff and clients if a perpetrator attempts to enter.
20. ___ A "quick response" agreement is in place with local law enforcement should a perpetrator attempt to enter the program.
21. ___ Procedures are in place (that protect the confidentiality of current consumers) for screening new admissions to determine whether they are perpetrators of current consumers.
22. ___ A policy is in place to deny admission to the perpetrator of a current consumer and refer elsewhere (including certified batterers intervention).
23. ___ Procedures are in place to assist a consumer in accessing a corresponding level of care in another community if it is not safe for her to use the services in her local area.
24. ___ Consumers are helped to grieve the loss of family when it is necessary in order to maintain safety.
25. ___ There is no *arbitrary* exclusion based on domestic violence
26. ___ Linkages exist with domestic violence providers for referral purposes.
27. ___ Linkages exist with domestic violence providers for consultation purposes.

Total ___

Substance Abuse Integrated into Other Services

1. ___ Staff have basic knowledge about substance abuse.
2. ___ Psychoeducation is provided for consumers about substance abuse.
3. ___ Consumers are assessed for substance abuse.
4. ___ Linkages exist with substance abuse providers for referral purposes.
5. ___ Linkages exist with methadone providers for referral purposes.
6. ___ Linkages exist with substance abuse providers for consultation purposes.
7. ___ Consumers can participate in the program if they are on methadone.
8. ___ There is no *arbitrary* exclusion based on substance abuse.

Total ___

Mental Health Integrated into Other Services

1. ___ Staff have basic knowledge about mental illness.
2. ___ Consumers are assessed for mental health problems.
3. ___ Linkages exist with mental health providers for referral purposes.
4. ___ Linkages exist with mental health providers for consultation purposes.
5. ___ Staff have basic knowledge about common side effects of psychotropic medications.
6. ___ Psychoeducation is provided for consumers regarding mental illness.
7. ___ Policies are in place and provided for consumers regarding what to do if a consumer decompensates psychiatrically.
8. ___ Referrals are made for psychotropic medication evaluation and monitoring.
9. ___ Consumers can participate in the program if they are taking psychotropic medication.
10. ___ There is no *arbitrary* exclusion based on mental health diagnosis or symptoms.

Total ___

Empowerment

1. ___ Staff are knowledgeable about informed consent and confidentiality.
2. ___ Staff are knowledgeable about stigma.
3. ___ Staff have received training in empowerment-based treatment.
4. ___ Intake assessments include the strengths of consumers.
5. ___ Consumers are given choices regarding which services they access.
6. ___ Consumers may change individual providers of services if they are not satisfied.
7. ___ Service plans are individualized.
8. ___ Advanced Directives are developed in which consumers indicate what they would like providers to do in the event of a crisis (i.e., whom to notify, where she would like to be transferred to)
9. ___ The program meets the federal guidelines for confidentiality that apply to substance abuse.
10. ___ The program meets state confidentiality statutes regarding domestic violence and substance abuse counselors.
11. ___ Limits on confidentiality, how records are kept, who has access to information and how information could be used to the consumers detriment are carefully explained to consumers before information is collected.
12. ___ All discussions of consumer information are done in private settings.
13. ___ Policies and procedures are in place for collecting information from diverse groups of consumers about quality of services and for incorporating that feedback into service planning.
14. ___ Staff and Board members across the hierarchy of positions include significant numbers of diverse consumers.
15. ___ There is appropriate support for consumers moving into a professional role,

such as peer leadership training, mentoring, and opportunities to function in an advocacy role.

16. ___ All consumers have access to peer support.

Total ___

Gender-specific

1. ___ Staff is knowledgeable about the special needs of women.
2. ___ Gender-specific services are provided.
3. ___ Female consumers can work with female providers if that is their preference.
4. ___ Women role models in positions of leadership are available.

Total ___

Family Focus

1. ___ Psychoeducation is provided for consumers on the intergenerational transmission of substance abuse, mental illness and violence.
2. ___ When a consumer requests services, information is collected regarding her children.
3. ___ When a consumer requests services, information is collected regarding her perception of her children's need for services.
4. ___ There is a means in place for screening children of consumers regarding their need for services, with the consent of the consumer.
5. ___ Linkages are in place for helping a consumer obtain appropriate services for her children.
6. ___ Linkages are in place for helping a consumer obtain appropriate services for other family members.
7. ___ In a residential program, there is someone who can assist a consumer in arranging for education of children while she is a resident.
8. ___ The program provides a level of parenting education that is appropriate to the level of care (a minimal level being assistance and education regarding communication with children about substance abuse, mental illness and violence).
9. ___ Childcare is provided or there is someone who can help a consumer arrange childcare that may be necessary for a consumer to receive services.
10. ___ Education is provided for a consumer's family (as defined by the consumer) or support system (excluding unsafe relationships).
11. ___ Providers work with consumers in advance to develop plans for their children that would be followed in the event that the consumer must be transferred to a more acute level of care.

Total ___

Cultural Competence

1. ___ Staff are knowledgeable about cultural competence.
2. ___ Staff are knowledgeable about the cultures represented by the consumers served.
3. ___ Information is collected regarding a consumer's primary language at intake.
4. ___ Information is collected regarding a consumer's sexual orientation and identity at intake.
5. ___ When a consumer requests services, information is collected regarding her cultural/ethnic/racial identity.
6. ___ Differences, including those attributable to class, income, culture, race, ethnicity, disability, language, sexual orientation, religion and age are incorporated into service planning.
7. ___ Language in all intake and training materials is gender neutral and nonviolent.
8. ___ Services are available in all languages that are the first language of a large number of the population served.
9. ___ Professional translators are provided when necessary, rather than using persons with a personal relationship with the consumer
10. ___ Policies and resources are in place for referring to or obtaining services for consumers who speak languages other than those in which the program provides services.
11. ___ There are staff members with the same cultural, racial, and ethnic backgrounds as the consumers being served.
12. ___ Policies are in place that state that racism, sexism, homophobia, ageism and other forms of hatred will not be tolerated.

Total ___

Holistic

1. ___ Information is collected regarding a consumer's current support system at intake.
2. ___ Information is collected regarding a consumer's medical status at intake.
3. ___ Information is collected regarding a consumer's legal status at intake.
4. ___ Information is collected regarding a consumer's housing status at intake.
5. ___ Information is collected regarding a consumer's financial status at intake.
6. ___ Psychoeducation is provided for consumers regarding STDS/HIV/AIDS/HEPITITUS C.

Total ___

Total Score ___