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FCCS PROCEDURE

NO.: 3N.02

SUBJECT: WORKER SAFETY RISK MANAGEMENT PROTOCOL – Cases where Mental Health, Domestic Violence and Drugs/Alcohol are Factors Contributing to Abuse and Neglect of Children

Approved by: Executive Council
Effective Date: June 14, 2004
Date(s) of Revision: Feb 19, 2008; Mar 21, 2011; Oct 14, 2014; Jan 16, 2018; Jan 18, 2022
Responsible for Implementation: All Staff

Purpose

It is recognized that situations where mental health, domestic violence and/or drugs/alcohol are present can be extremely volatile and present safety risks to workers and others intervening in the situation. Risks to safety increase significantly depending on how these factors interplay. A significant factor in determining risk particularly with mental health issues is not necessarily the diagnosis but rather the history of past violence. This protocol is to outline guidelines for these type of cases for investigation and providing ongoing services.

Procedure

When referrals are received alleging neglect or abuse, and there are issues of mental health, domestic violence and/or drugs and alcohol, the following will occur.

1) Screeners will attempt to obtain the following information:
    a) any prior history of violence including threats, assaults and domestic violence
    b) any weapons involved
    c) amount and type of drugs/alcohol involved
    d) any history of mental health issues

2) Record checkers may check the Columbus Police Department web-based program for addresses within the CPD jurisdiction and/or contact the Domestic Violence Liaison at Municipal Court or utilize Courtview to determine if there are any prior arrests for threats, assaults, or domestic violence.

3) The Screener or Intake worker may contact the jail in domestic violence cases to determine if the alleged perpetrator is being held. Service team may also use **VINELink** to check on the status of the offender.

4) Intake workers discuss the case with their supervisor to determine police assistance to make initial home visits where:
    a) the client has a history of threats, assaults, or domestic violence, and that person is suspected to still be in the home;
    b) the client is reported to be under the influence of substances based on observable reports of slurred speech, aggressive behavior, inappropriate or unreasonable responses, unsteady gait, etc.
    c) the client is reported to have significant mental health issues including hallucinations, paranoia, homicidal, and/or suicidal ideations.

5) If clients with the above concerns are not incarcerated but also not in the home, the initial contact with them will be in the office to assess safety issues and determine course of future contact. The caseworker shall notify the on-duty Deputy of any safety concerns with the client. (Note: Workers will document safety concerns on the critical incident form and note a safety hazard in SACWIS as defined in the protocol on safety alerts.)

6) When providing ongoing services to cases where mental health, domestic violence and/or drug/alcohol issues are the presenting issue, the worker will review record regarding:

    a) history of violence
    b) weapons involved
    c) history of drug/alcohol issues
    d) history of mental health issues
    e) history of criminal behavior particularly related to assaultive behavior
    f) safety plans developed at Intake

7) Based on the above information, the worker and supervisor will determine course of service delivery with respect to non-emergency police assistance for home visits or office visits. This plan will be noted in a SACWIS activity log under supervisor staffing/meeting/conferences. The plan is to be reviewed at least monthly and changes noted in the SACWIS activity log under supervisor staffing/meeting/conferences.
8) During initial contacts with clients, the worker will request the clients sign a release for prior mental health or substance abuse treatment. The worker will request this information, and the worker and supervisor will incorporate it into their assessment related to the worker's own safety risks.
9) The worker will provide referral information for assessments to further assess mental health, drugs/alcohol or domestic violence to determine recommendations for treatment and to facilitate linkage to services and to determine safety risks to workers. Approved changes in safety plan for the worker will be determined by results of the assessment, worker's assessment and progress in any recommended treatment programs.

Any situation a worker enters in which a client is acting in a dangerous or unsafe manner, they will immediately leave and contact their supervisor and/or law enforcement.