

SAFETY Guideline



Manual

for home visitors

Adapted from a resource compiled and created by the
Home Visitation Leadership Advisory Coalition in Oklahoma

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I. General Safety Guidelines

A. Initial Assessment

Prior to working with a family, it is important to conduct an initial assessment to determine family issues, needs and strengths. Assessments should minimally include:

- Parent's childhood history
- Stressors/concerns
- Potential for violence
- Current/past substance abuse history
- Current/past mental illness
- Current/past criminal history
- Current/past family violence history
- Discipline issues
- Current/past Child Welfare involvement



When a family has one or more of the following factors, there should be a staffing involving the appropriate staff and supervisor to determine appropriate services for the family, if other agencies may need to be involved, and to discuss safety concerns.

a. Factors that may warrant immediate staffing, but not limited to:

- Incarceration and/or conviction for violent crime including murder, attempted murder, kidnapping, drive-by shootings, death threats, stalking, histories of multiple assaults or multiple arrests for domestic violence.
- Drug trafficking/dealing, drug/alcohol related arrests and violent behavior.
- Mental illness with a history of psychosis (i.e., delusions, hallucinations, paranoid ideations, etc.), dual diagnosis (mental illness and substance abuse), history of suicide attempt(s) or past psychiatric hospitalization.

b. Violence/Safety concerns after enrollment into the program:

- It is understood that the above risk factors will not always be reported during the intake process. In cases where the above types of issues emerge in the course of providing ongoing services, supervisors are encouraged to staff the case with appropriate staff/administrators to determine an appropriate course of action.

When any of the above situations are encountered, enough information must be gathered to determine the safety of both the family and the worker. Avoid asking suggestive questions or making statements that will

escalate the situation such as “It is not so bad” or “Why are you saying that?” A supervisor must be consulted as soon as possible when such situations arise on a visit with any family.

B. General Safety:

a. To ensure immediate safety, if you are in a home and feel there is an imminent danger to you or to anyone in the house:

- Leave immediately.
- Call 911 or your local emergency number.
- Call the local OR DHS Child Welfare Services Office at 1-800-547-3897 if children are in danger.
- Call your supervisor to advise him or her of the situation.
- Upon return to the office, debrief with your supervisor regarding what was observed during the visit.
- Contact the family as safety permits (in consultation with your supervisor) to ensure that everyone is safe. Assure the parents that you will continue to work with them (if possible) within program guidelines.

b. If you believe someone is in danger during a telephone call:

- Get as much information about his/her location as possible.
- Tell the person you are calling 911 or other emergency services, unless you fear doing so may worsen the situation or cause the caller to hang up. Try to keep the caller on the line by using another telephone or asking someone else to make the call to 911 or other emergency services.
- If possible consult with supervisor during the call or immediately after the call.
- Stay in contact with family as safety permits.

c. If in doubt about any unusual situation, consult with your supervisor immediately. If a child is in danger, report to OR DHS Child Welfare Services immediately, and then consult with your supervisor. In a mental health crisis, do not transport families or individuals.

Note: All programs should have a specific plan for coverage when a supervisor is not readily available. Schedules and locations of home visitation worker should be updated regularly each day. These schedules include after hour visitations

C. Overall Safety

a. Prior to a home visit with a family:

1. Determine if there are any risk factors associated with the family, their home, or their neighborhood. Ask if there are animals there and if so, can they be placed in a bedroom or backyard during the visit. Consult with supervisor.

2. If possible, call to confirm that the participating parent and/or any other people are home for the visit prior to leaving the office.
 3. If traveling to a high crime area or other questionable area, schedule visits early in the day. Avoid visits after dark without supervisor approval. Avoid scheduling late afternoon visits on Fridays or before a holiday.
 4. If traveling to an area that is new to the Home Visitor, before the scheduled visit, drive by to become familiar with the neighborhood.
 5. Be aware of the areas in the neighborhood where help could be obtained if an emergency occurs.
 6. Leave make-of-car, license plate number with supervisor and co-workers.
 7. Leave a schedule of visits for the day with the supervisor and include another staff person who will be at the office during the day. Include beginning and ending times for each visit. If major changes are made, inform the office of the changes.
 8. Always sign in and out of the office for each visit.
 9. Keep vehicle well maintained with at least a half-tank of gas.
 10. If carrying a cellular phone, program the phone so that a call to 911 or other emergency services can easily be made.
 11. Leave valuables at home or place in the trunk of your car before leaving the office. Do not attempt to place valuable items in the trunk while parked for a visit.
 12. Carry in a pocket your driver's license and a small amount of cash.
 13. Always wear your picture identification/name badge.
 14. Wear comfortable clothing and shoes.
- b. When preparing to park and leave your vehicle:
1. Observe the safety of the home/neighborhood before stopping. If there are questionable activities, continue driving and return to the office. Inform your supervisor immediately.
 2. Be alert, do not become pre-occupied. Turn off the radio - look, listen and feel.
 3. Park in the open and near a light source that offers the safest walking route to the home.
 4. Park on the street rather than the driveway and in the direction in which you will leave.
 5. When possible, locate the family's building before exiting the car when the family lives in an apartment complex.

6. Take only the items necessary for the home visit. Purses and/or wallets should be left in the car.
 7. Do not leave valuables visible in your car.
 8. Lock your car at all times.
- c. When approaching the home:
1. When you leave your vehicle, know where you are going. Be aware of your surroundings. Carry yourself assertively. Keep your head up, posture erect, and make brief eye contact with others on the street.
 2. If you are approached, be brief with the person and continue moving. Do not be drawn into conversations. Be neither friendly nor rude. Do not make the person angry. Wear a blank but firm expression. If the person continues to talk, say that you are in a hurry right now. If a person persists, follows you, or if you believe that you are in danger, yell for help as loudly as you can. Run to the nearest place where there are people.
 3. Observe the outside of the home, surrounding homes, animals and/or unfamiliar vehicles.
 4. Be aware of smells associated with substance use.
 5. Look and listen for signs of someone at home and assess whether there is any sign of danger involving the occupants of the home.
 6. Do not enter the yard/home when:
 - i. Questionable persons are present
 - ii. Parent/others are intoxicated
 - iii. Violence is in progress
 - iv. There is no quick escape
 - v. Vicious animals are present
- d. When entering the home:
1. Go to the door that is in plain sight of the street and stand to the side of the door when knocking.
 2. Do not enter the home if an unseen person calls for you to enter.
 3. When door is opened, quickly observe inside to determine if there are any threats to your safety.
 4. Do not enter the home if an adult is not present. If there are children in the home who may be unable to care for themselves, contact the Child Welfare Service in your county or call 1-800-547-3897 and contact local police. If the parent or caregiver with whom you

normally work is unexpectedly not at home and the child is staying with someone who is a stranger to you, indicate that you will contact the parent/caregiver to reschedule for another time.

5. Observe the caregiver(s) or other adults within the household for suspicious behavior.

6. If the parent(s) refuse to let you enter the home, do not attempt to persuade them. If denied entrance, leave and return to the office. Consult with your supervisor.

7. Leave the residence if you feel unsafe entering the home.

e. When in the home:

1. Stay near an exit. Remain alert and observant.

2. Pay attention to unusual smells, particularly those associated with the manufacture or use of drugs.

3. Remain aware of the possibility of other persons in the home and inquire about anyone who appears to be in another room.

4. Limit the amount of personal information shared with families.

5. Do not go into any other parts of the home without the parent's permission. Proceed with caution when entering any room.

6. Do not accept food or beverages.

7. When there is a choice, sit in a hard chair rather than upholstered furniture. (If a family is startled by the knock or doorbell, family members may stick items such as syringes into the upholstered furniture.)

8. Leave immediately if you feel unsafe, encounter harassing behavior or a threat of violence, observe signs of substance abuse or if violence occurs. Consult with your supervisor.

f. When leaving the home:

1. Observe any activity or persons near the home or in the neighborhood.

2. When leaving a home visit have car keys in hand when walking to your car. Do not linger to make phones calls or notes, leave immediately.

g. Safety Materials to have available:

1. Plastic trash bags

2. Disinfectant wipes and hand cleaner

3. Latex gloves

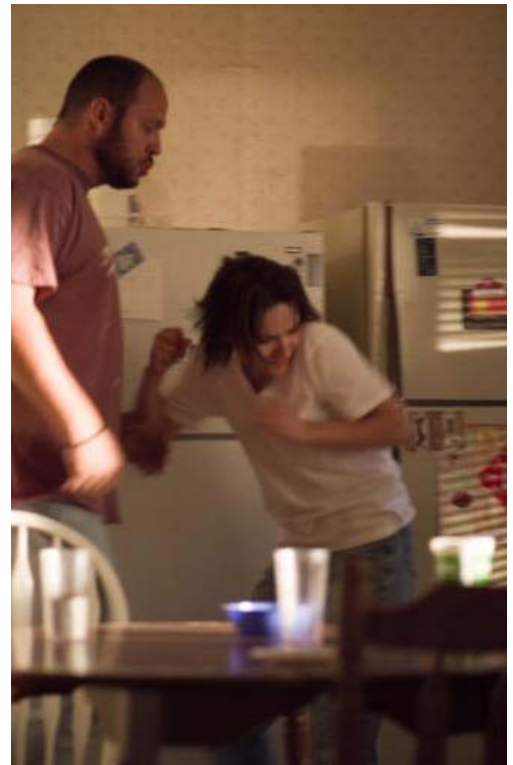
II. Specific Guidelines for Special Circumstances

A. Domestic Violence

Definition: Families in which the adults' and/or children's' relationship is violent, abusive, and/or characterized by power and control tactics, with one person being victimized by the other. This may consist of a man controlling a woman, a woman controlling a man or one person controlling another of the same sex. Occasionally, there is mutual battering or violence by a victim trying to defend her/himself or fight back.

a. Consider the following:

- Determine if there is immediate danger to you or any child/ren or adults in the home.
- Be familiar with the following characteristics of domestic violence:
 - Emotional Abuse: verbal assaults; name-calling; criticisms and blaming.
 - Intimidation: scaring person with frightening looks, gestures and body language; smashing and throwing things; punching walls; hurting pets and showing weapons.
 - Using Coercion and Threats: verbal threats to hurt, leave; hurt/take children; commit suicide or homicide and making the other person do illegal things.
 - Isolation: controlling what a partner does and where she or he goes, who the partner sees and talks to; limiting outside involvement; using jealousy as excuse to justify isolation.
 - Using Children: making a partner feel guilty about children; using children to relay messages; in cases where the couple is divorced or separated, using visits with the children to harass the partner; threats to take children away.
 - Economic Abuse: taking all the money; giving an allowance; preventing partner from getting or keeping a job; making a partner ask for money and not letting the partner know about or have access to family income.
 - Using Male Privilege: treating a partner like a servant; acting like the master of the house; defining male and female roles and making all the “big” decisions.



- Minimizing, Denying and Blaming: making light of the abuse and not taking the partner's concerns seriously; saying the abuse did not happen; shifting responsibility of the abuse and saying the partner caused it.

- Physical and Sexual Abuse: hitting, slapping, punching beating choking and forcing a partner to do sexual things he/she does not want to do; having sex after a beating, marital rape and affairs with others.

- Be familiar with Oregon law regarding reporting of child abuse if children were present in a home where there is domestic violence.

- Domestic violence work should not be conducted in the home. Not only does screening and assessment of risk factors for domestic violence require specialized training, an attempt to provide services in the home holds potential danger for the home visitation worker as well as for victim and children.

- Providing victims with the DVS number (1-800-833-1161) would be helpful.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.

- If there is no imminent danger, but domestic violence is an issue:

- Address this as an advocacy issue affecting the victim and the child(ren).

- If the parent wishes to discuss the domestic violence issues, advocate counseling for the victim.

- Encourage the victim to contact local community resources. Provide referrals to safe shelters. Staff shall not transport families to shelters.

- If the abuser admits the problem and wants help, assist with referrals to state certified treatment programs for abusers.

- Consult with your supervisor.

- Continue to provide support, whether the victim stays, leaves, or returns after leaving.

- Any threats made should be well documented and reported.

Note: Victims are at greatest risk of death when they try to leave, so do not pressure her/him to leave before that person is ready. Victims leave an average of seven times before finally ending a relationship.

B. Mental Illness/Psychiatric Emergencies

Definition: In a home with one or more family members who exhibit behaviors related to a mental illness, such as:

Schizophrenia

Post-partum depression

Depression

Borderline personality disorder

Bipolar disorder

Or any other mental disorder

a. Consider the following:

- Determine if there is imminent danger to you, the child(ren) or any adult in the home, including the person with the mental illness
- Red flags of possible risk to the client and home visitor:
 - Suicidal plans, threats and/or attempts
 - Homicidal plans, threats and/or attempts
- Symptoms of mental illness that will require additional assessment and referral to appropriate services:
 - Hallucinations: auditory, visual or tactile (voices, visions or sensations that are internal only but perceived as coming from an external source)
 - Delusions (unshakeable, persistent belief that something is true even in the face of evidence that it is not true or even impossible)
 - Severely disorganized or bizarre behavior
 - Extreme lethargy, catatonic state (unresponsive)
 - Severe deterioration in day-to-day hygiene and functioning
 - Significant change in eating and/or sleeping patterns
 - Loss of interest in daily activities
 - Feelings of hopelessness and/or helplessness
 - Severely disorganized or bizarre speech, incoherence, pressured speech
 - Very rapid mood changes and extremes of mood (e.g. excessive crying)
 - Dangerous or severely risky behavior
 - Aggressive behavior
 - Self-injurious behavior
 - Use of drugs and/or alcohol with prescribed medications or in place of medications
 - Stopping medication without doctor approval or knowledge (Sometimes, clients may stop their cocktail of medications because of some of the debilitating side effects of the medication and that they are not being heard by the doctor. It may be more of an issue related to the client needing better assistance with advocacy.)

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- When first aware of mental illness ask for a signed release to speak with the person's treating doctor and also get information on the illness, risks, symptoms, etc.
- If you do not feel comfortable making a judgment regarding the person's safety then request that police and/or mental health professional be sent out to do a welfare check.

- Call Child Welfare Services if there is danger to the child(ren), or they have been harmed, and do not have a safe place to stay.
- If there is a crisis, after following the General Safety Guidelines, alert the treating doctor if you have a signed release or call the mental health crisis number at 1-800-452-5413.
- If there is no imminent harm, encourage the person to speak with his/her treating doctor. Make referrals for a professional assessment if she or he does not have a treating doctor.

C. Suicidal Plans or Attempts: Homicidal Plans

Definition: Thoughts or comments about committing suicide or attempts to kill self; thoughts or comments about harming or killing another person

a. Consider the following:

- In the majority of instances, a person will not come right out and state that he or she is considering suicide. It is important to be aware of and follow up on subtle hints/red flags:
 - The person may make a vague statement such as, “sometimes
 - I don’t want to be here anymore” or “I feel like giving up”.
 - They may also display a sudden change in their feelings or behavior. This may include (but not be limited to) a sudden lack of concern about things that had previously been upsetting to them or giving away cherished possessions.
 - Do not ignore vague statements, as these may be the person’s way of testing the waters.

Note: Asking a person if he or she is thinking about suicide does not lead them to commit suicide or make him or her more likely to do so.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- For a suicide attempt:
 - Call 911 (or local emergency number)
 - Call Mental Health Crisis number (800) 452-5413
 - Apply first aid as appropriate (or to your knowledge)
 - Ensure safety of children
 - Consult with your supervisor immediately
- For suicidal plans:
 - Ask the person if he or she is considering harming him or herself.
 - If the person indicates that they feel like harming themselves, ask them if they have a plan or the means to follow through with the plan.
 - If they report a plan or have realistic means (i.e. they state they have a gun or pills) call 911 immediately. Leave if there is danger to you.

- Request that a police officer and/or mental health professional be sent to do a welfare check
- If you are communicating with the person by phone try to keep them on the phone until someone arrives at the location of the person.
- If they do not have plans or means available talk to the person about making a verbal or written agreement not to harm themselves until assistance can be received
- If the person has a mental health provider, have the person contact the provider immediately and tell the provider about the suicidal plans
- If the person does not have a mental health provider discuss the importance of this and offer referrals. Consult with your supervisor immediately to discuss the situation.
- For homicidal plans:
 - If a person indicates that they feel like harming another person, ask them if they have a plan or the means to do so.
 - If they report a plan or have realistic means (i.e. they state that they have a gun, poison or other means to kill someone), call 911 immediately. Leave if you are in danger.
 - Request that a police officer and/or mental health professional be sent out to do a welfare check.
 - If you are communicating by phone try to keep them on the telephone until someone arrives at the location of the person.
 - If no plan, and if the person has a mental health provider have them contact the provider immediately and tell about homicidal plans.
 - If the person has no provider with whom to discuss the importance of this and offer referrals.
 - Regardless of whether the person has a plan or means to harm someone, contact your supervisor immediately. Also give name of potential victim to involved emergency personnel, police, mental health provider, etc.

D. Self-Harm/Self-Mutilation

Definition: Non-accidental self-inflicted injury including cutting, burning, etc. Both adults and children may self-harm as a means of trying to cope with extreme stress.

a. Consider the following:

- Determine if there is an imminent danger of further self-injury.
- Red Flags for possible self-harm;
 - Numerous straight cuts/scrapes on limbs (arm, legs etc.) or any part of the body.
 - Numerous and reoccurring burn marks on body, without a plausible reason.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If you suspect self-harm of adult in the home:
 - Ask the adult about the injury. If the adult discloses self-harm, ask if they feel that they might harm themselves again. If they have the means and/or plan to do so, encourage adult to seek counseling.
 - If the person has a mental health provider, have them contact their provider. You should tell the provider about your observations if you have a signed release of information.
 - If the person does not have a mental health provider, discuss importance of this and make appropriate referrals.
- If you observe that a child has an injury and there is no reasonable explanation for the injury or if you witness a child being injured, contact Child Welfare Services in your county or call 1-800-547-3897 to report. After a report has been made consult with your supervisor.

E. Firearms

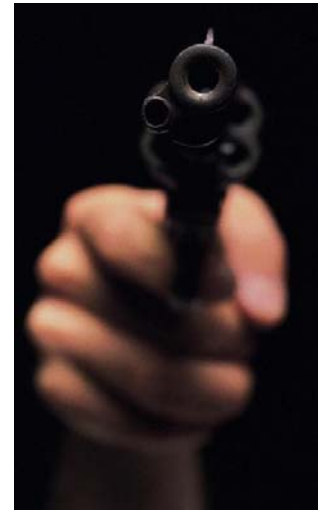
Definition: Open display of firearms and ammunition during a home visit or when a family informs you that they are readily obtainable and/or accessible.

a. Consider the following:

- If you view firearms, assume there is an imminent danger to you, the child(ren) and/or other adults in the home, leave immediately.
- If not in view, determine their whereabouts.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is no danger, but the family informs you that there is an unlocked firearm and ammunition in the home:
 - Talk to the parents regarding keeping the firearm and ammunition in a locked cabinet.
 - Encourage and demonstrate to parents how to warn children about guns and how to discuss the gun violence they see on television and in the movies.
 - Remind the parents of the need for repetition for children to learn how to keep away from guns.



F. Drug Paraphernalia (including methamphetamine)

Definition: Open display of drug paraphernalia, including inhalants out in the open and/or suspecting or seeing a drug transaction in progress.

a. Consider the following:

- Determine if there is an imminent danger to you,



- The child(ren) or other adults in the home.
- Some examples of drug paraphernalia are:
 - Mirrors with razor blades, straws, etc.
 - Pipes, water pipes and any object resembling a pipe
 - Hypodermic needles, syringes, glass vials, etc.
 - Burnt spoons, rolling papers, roach clips, hemp rope, etc.
 - Excessive amount of empty alcohol bottles
- Some possible signs of physical appearance changes to note are:
 - Decaying of teeth
 - Rapid loss of weight

Note: There may be some cultural considerations with using certain drug paraphernalia. Discuss this issue with your supervisor prior to addressing the family.

- Some examples of drug paraphernalia and red flags related to methamphetamine are:
 - Strong odor that resembles urine or unusual chemicals such as ether, ammonia or acetone.
 - Little or no traffic around the home during the day, but significant activity during very late hours.
 - Extra efforts made to cover windows or to reinforce doors.
 - Trash not put out for collection.
 - Significant accumulation of items such as cooking dishes, coffee filters or bottles that do not appear to be for regular household use.
 - Presence of unusual quantities of chemicals.
 - Vehicles loaded with laboratory materials or chemicals.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is no danger, discuss at a later time what you have observed with the family.
- Talk to the parents regarding the danger of drug paraphernalia being accessible to their child(ren) and if they acknowledge drug use, the effect of that on ability to parent.
- Encourage the parent to consider getting assistance to deal with their drug use and provide immediate resources.
- Remind the parent(s) of the danger they expose their child(ren) to if drug paraphernalia is kept in their home and if drug deals are completed in their home.
- Methamphetamine:
 - Do not enter the home where there is evidence of methamphetamine laboratory materials or chemicals on the property

- Discreetly, but immediately leave the home if you unknowingly enter and see evidence of a methamphetamine laboratory and drive to a safe location to contact police.
- If you are exposed to methamphetamine do the following:
 - Cover your car seats and floorboards with plastic covering and wipe hands with disinfectant wipes before touching the steering wheel.
 - Go to a safe location to change clothes and place the dirty clothes in a plastic trash sack. All exposed skin surfaces should be cleaned with soap and water. Wash any items carried into the home with soap and water.
 - Make every effort not to touch any surface until the skin and items have been cleaned with soap and water.

G. Under the Influence of Drugs/Alcohol or Chronic Use

Definition: A parent or caregiver is intoxicated or under the influence of drugs/alcohol.

a. Consider the following:

- Determine if there is an imminent danger to you, the child(ren) and/or other adults in the home.
- Red flags of intoxication (*please note that some may be signs of other issues besides substance use*):

- Lack of motor coordination and/or slowed reflexes
- Slurred speech and disorientation/confused behavior
- Dilated or constricted pupils
- High or low heart rate and blood pressure
- Clammy skin
- Drowsiness, hyperactivity or euphoria
- Increased or decreased appetite
- Drugs, alcohol or paraphernalia present in the home
- Loss of consciousness
- Paranoia/suspicion and/or altered perceptions
- Easily angered or enraged (irritability)
- Needle marks
- Glassy eyes (stare)
- Rapid eye movement (decrease)
- Eyes fixated on certain objects
- Odor of substance on clothing and breath
- Insensitivity to pain



b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.

- If the person providing care for the child(ren) is incapacitated due to substance use:
 - Call Child Welfare Services in your county or 1-800-547-3897 and 911
 - Call your supervisor for assistance
 - If there is no imminent danger, stay until emergency help arrives.
 - At a later time, contact the family to assist them in dealing with the situation and getting connected to appropriate resources.

H. Threats of Harm, Violence Related to Gang Involvement

Definition: Entering a home and finding threats of harm, violence related to gang involvement,

a. Consider the following:

- Determine if there is an immediate danger to you, the child(ren) or other adults in the home. Take any threat of harm or violence seriously.
- Red flags of potential gang involvement:
 - Consistently wearing one color, especially same color shoes, shirt, shoelaces, handkerchiefs, etc.
 - Refusal to wear another specific color of clothing
 - Gang writing present in the home or on the property
 - Witnessing people in the home using gang related hand gestures or signs
 - Involvement in criminal activity, i.e. vandalism, assaults, drugs, etc.
 - Uses slang language related to gangs
 - Has gang related tattoo

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is evidence of gang involvement, discuss what you have observed with the family at a safe time. This should not be done at the time there are gang members present in the home.
- Talk to the parent(s) regarding the danger of gang involvement and of gang members being in the home.
- Encourage the parent to consider getting assistance to deal with their gang membership. Encourage them to use community resources for support.
- Remind the parents of the danger they expose their children to if gang members are in their home.
- Assure the parent(s) that you will continue to work with them.
- Request that only family members be present at the time of the home visits.
- Focus on working with the family to find non-gang related support systems.

III. Safety of the Home Visitor

Remember that the safety of the home visitor is of utmost importance. If the home visitor feels uncomfortable or fears for his/her safety, the supervisor should be informed immediately.

Appendix A. Mental Health Decision Making Tree

	RISK LEVEL			
Area of Focus	Primary	Secondary	Tertiary	Treatment (outside scope of home visitation program)

Mental Health Status	Normal reactions to life situations / absence of mental illness	Problem needing intervention is present without a mental illness (V code) or history of mental disorder in remission	Current mental illness being treated with counseling and/or medications	Active and uncontrolled mental illness significantly interfering with ability to adequately function
General Ability to Profit from Parent Education	Excellent	Good	Fair	Guarded
Minimal Experience and/or Education Level of Home Visitation Staff to Provide Parent Education	Paraprofessional	Bachelor's degree and general awareness of signs and symptoms of mental illness	Master's degree in social work or related mental health field and experience with mental illness	Education level of home visitation staff is irrelevant since parent is beyond an educational program's ability
Mental Health Community Resources	Availability of information on healthy development of emotional and interpersonal functioning as needed	Availability of information on healthy development of emotional and interpersonal functioning as needed	Readily accessible mental health treatment services	Refer to community mental health center

Appendix B. Domestic Violence Decision Making Tree

* At every level new staff will be required to submit a personal safety plan.	Risk Level			
Area of Focus	Primary	Secondary	Tertiary	Treatment (outside scope of home visitation programs)
Domestic Violence	Pattern of unstable relationships. Possible verbal & emotional violence, unaware of the danger of situation	History of violence but not currently in domestic violence relationship. May have sought treatment in the past.	Currently in treatment, may be in a shelter	Currently in violent relationship, not seeking treatment or change.
General ability to benefit from Parent Education	Excellent	Good	Fair/Guarded	No
Minimal Experience and /or Education Level of Home Visitation Staff to Provide Parent Education	Paraprofessional with training in domestic violence & triggers to look for.	Paraprofessional with experience and training in domestic violence, BA with training in domestic violence. Supervision by Master's level professional.	<i>Program that visits in the home:</i> BA with experience & training or MA with training. <i>In-shelter:</i> BA with experience or MA. Both in-home and in-shelter supervision by MC MHP	Referral
Domestic Violence Community Resources	Knowledge of referral information for resources in the service area	Knowledge of referral information for resources in the service area	Know community & area resources for cooperative services; utilize multidisciplinary team approach for treatment. Create a community plan.	Know multidisciplinary resources available for referral.

Appendix C. Substance Abuse Decision Making Tree

	RISK LEVEL			
Area of Focus	Primary	Secondary	Tertiary	Treatment (outside scope of home visitation program)
Substance Abuse Status	Use of substances within normal limits, i.e. smoking cigarettes, social drinking, daily coffee consumption.	Borderline abuse issues, or presently in recovery.	Current abuse and/or dependency issues, with active use, or recent relapse.	Unable to refrain from using for 48 consecutive hours, currently intoxicated or under the influence.
General Ability to Profit from Parent Education	Excellent	Good	Fair	No
Minimal Experience and/or Education Level of Home Visitation Staff to Provide Parent Education	Paraprofessional	Bachelor's degree (CADDC) and awareness of the disease concept of addiction	Bachelor's degree (CADDC, with 2 years of experience) or Master's degree	Master's degree with licensure
Substance Abuse Community Resources	Availability of information on smoking cessation, and other physical effects of substance use as needed.	Availability of information regarding AA, NA, CA, and Al-anon meetings. Availability of information regarding 0.5 level of outpatient intervention/education	Availability of information regarding all levels of substance abuse treatment/readily accessible substance abuse treatment services	Refer to detox center and/or emergency room