

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

Department: Community Support Services-Family
Violence Prevention Program

Policy Number: HHS-CSS-FVPP 7320

Policy Title: Alcohol and Drug Policy for Women's Shelter Residents

Attachments: FVPP Women's Shelter reporting process for suspected alcohol and drug use; policy agreement

Revision History:

Revised by/Date: Kate Kalk, 5/3/2018

Approved by:

Kristian Theisz, Community Support Services Director

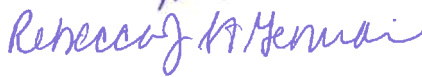


Date:

5.8.18

Approved by:

Rebecca St. Germaine, Commissioner of HHS



Date:

5/8/18

POLICY STATEMENT: This policy is to establish the zero tolerance standard at the Family Violence Prevention Program (FVPP) Women's Shelter for drug and alcohol usage.

PURPOSE: The purpose of this policy is to ensure the safety and wellbeing of the residents at the FVPP Women's Shelter.

PROCEDURE: If it is suspected that a resident of the shelter may be impaired by the use of drugs or alcohol, the following documentation is collected. The information collected is confidential.

Section 1

Initial assessment

Includes the name of the resident and describes how the FVPP representative became aware of the suspected impairment. This section is signed and dated by the supervisor.

Section 2

Physical and Behavioral Observations

Includes the name of the resident, as well as documentation of the physical and behavioral observations of the suspected impairment. This section is signed and dated by the supervisor.

Section 3

Resident Questionnaire

Includes the name of the resident and documentation of the resident's responses to a set of predetermined questions. These questions are to be asked by another FVPP representative and in the presence of the supervisor. The FVPP representative and the supervisor sign and date this section.

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Section 4

Final Checklist and Action Plan

Includes the name of the resident and documents the details for an action plan. This section is completed by and signed by a FVPP representative and the supervisor.

Internal and/or External References	
Compliance - Posting Date	5/8/2018
Replaces – Policy Number	
Next Review - Due Date	5/8/2021

I, _____, have read and understand the Mille Lacs Band of Ojibwe Family Violence Prevention Program Women's Shelter Alcohol and Drug Policy.

Resident Signature

Date

Witness Signature

Date

**THE MILLE LACS BAND OF OJIBWE
FAMILY VIOLENCE PREVENTION PROGRAM
WOMEN'S SHELTER**

ALCOHOL AND DRUG POLICY

PROCEDURAL PROCESS

For Reporting

REASONABLE SUSPICION

This information is confidential and no names will be disclosed.

Supervisor (print) _____

Signature _____

Title: _____

Date _____

Time: _____

SECTION 2

PHYSICAL/BEHAVIORAL OBSERVATIONS

Name of Resident _____

Directions: Based on your observation of the Resident, circle the pertinent items.

1. Walking/Standing

	Stumbling	Staggering	Falling	Unable to walk at all
Normal	Holding on	Swaying	Unsteady	

2. Speech

	Shouting	Silent	Whispering	Rambling/Incoherent
Normal	Slow	Slobbering	Stammering	Slurred

3. Demeanor

	Sleepy	Crying	Silent	Overly worried
Normal	Talkative	Argumentative	Excited	Suspicious

4. Actions

	Fighting	Animated	Erratic	Resists Communication
Normal	Threatening	Drowsy	Hostile	Used Profanity
	Withdrawn	Asleep		Hyperactive

5. Eyes

	Bloodshot	Watery	Black/Blue	Dilated pupils
Normal	Glassy	Droopy	Closed	Pinpoint pupils

6. Face

Normal	Flushed	Pale	Sweaty	Bruised
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7. Appearance/Clothing

	Messy	Dirty	Unruly	Partially dressed
Normal	Bodily Excrement		Stains on clothing	

8. Breath

	No Alcohol Odor	Faint Alcohol odor	Strong Alcohol Odor
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9. Movements

	Fumbling	Jerky	Slow
Normal	Nervous	Hyperactive	Poor Coordination

10. Eating/Chewing

	Gum	Candy	Mints
	Other (identify, if possible) _____		

11. Judgment (if observed or indicate if not observed)

	Violated safety procedures	Caused harm to self or another person
Normal	Errors in decisions	Caused equipment damage
	Not observed	Errors in actions

12. Other observations and/or unusual behavior: _____

13. Do you observe any changes in presentation? YES NO

If YES, Please describe:

Supervisor (please print) _____

Signature _____

Title _____

Date _____ Time _____

Did you drink an alcoholic beverage today? Yes No No Response

If yes, what time and how much did you drink? _____

Do you need to be referred for medical care? _____

Additional Information: _____

FVPP Representative, Signature and Date

Supervisor, Signature and Date

SECTION 4
FINAL CHECKLIST AND ACTION PLAN

Name of Resident _____

Directions: The supervisor and another FVPP staff representative should complete the following questions after reviewing all information and before deciding on a course of action.

Did you document multiple Physical/Behavioral Observations (Section 2) that might indicate the Resident may be impaired? **Yes** **No**

Did your interview with the Resident (Section 3) suggest a medical explanation?

Yes **No**

Do you consider the Resident a possible safety threat? **Yes** **No**

Explain: _____

Caused Injury to other Residents or damaged property? **Yes** **No**

Explain: _____

Has the Resident committed a violation of any other MLBO Women's Shelter policy (other than the Alcohol & Drug Policy)? **Yes** **No**

Explain: _____

ACTION PLAN (ALL, none, or some may be appropriate)

- Admission- Exit the Women's Shelter Program
- Refer for medical evaluation and complete Alcohol and Drug Screen.
- No action to be taken at this time. Explain: _____

- Other. Explain: _____

FVPP Staff Representative (print) _____ Supervisor (print) _____

Signature _____ Signature _____

Title _____ Title _____

Date _____ Date _____

Time _____ Time _____