

# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## ADMINISTRATIVE POLICY

**NUMBER: BA165**

**NAME: DUTY TO WARN**

INITIAL APPROVAL DATE:	08/26/1997	BY: Sanilac CMH Board
STAKEHOLDER REVIEW:	12/12/2023	BY: Recipient Rights Advisory Committee
(LAST) REVISION DATE:	07/12/2022	BY: CEO
(LAST) REVIEW DATE:	07/27/2023	BY: Policy Committee
DISCONTINUED DATE:	NA	REPLACED BY: NA

### I. PURPOSE

To establish a policy which outlines staff responsibility when an individual receiving services makes a threat of physical violence against a clearly defined or reasonably identifiable targeted person.

### II. APPLICATION

Populations: **ALL**  
Programs: **Direct - ALL**  
**Contracted - ALL**

### III. POLICY

It is the policy of Sanilac County Community Mental Health Authority to take appropriate action when a threat of physical violence is made by an individual receiving services. Mental health professionals have the duty to warn victims or take reasonable precautions to provide protection from violent behavior from an individual receiving services if the individual has communicated an actual and foreseeable threat of physical violence by specific means against a clearly identified or reasonably identifiable targeted person.

### IV. DEFINITIONS

The Duty to Warn takes effect when an individual receiving services makes a threat against a clearly identifiable or reasonably identifiable targeted person and the following conditions exist:

- A. Threat of physical violence;
- B. Apparent and serious intent;
- C. Ability to carry out the threat;
- D. Violent threat will occur in the foreseeable future.

### V. STANDARDS

- A. When assessing and responding to an individual receiving services' threat of harm to others, information will be elicited through non-threatening inquiry.
- B. If, in the judgment of the staff, there is a clear threat to a specific person or persons of a specific class of people, the following steps are to be taken:

1. Notify/consult with Clinical Supervisor and/or COO. Supervisor/COO will be responsible for notifying the Chief Executive Officer or designee and Medical Director in a timely fashion.
  2. Notify potential victim[s] and notify appropriate police authorities [Village, County, State] after consultation with Chief Executive Officer and/or designee.
  3. Evaluate for voluntary or involuntary hospitalization.
  4. Document all information, giving rationale for every decision. Documentation should be entered into Oasis within 24 hours of each discussion. If the threat involves individuals served, then a incident reports should be completed within 24 hr.
  5. In situations in which the identified targeted person is not a staff. If deemed appropriate by the Clinical Supervisor and/or COO a case consult meeting should occur. This meeting would include the COO, Clinical Supervisor, identified staff member, a member of the treatment team, and treating Psychiatrist/ or Medical Director if no treating Psychiatrist.
  6. In situations where the identified targeted person is a staff. The supervisor will convene a clinical case consult/ administrative support meeting with that staff and Agency staff as identified by the targeted person to include as necessary the CEO, COO, HRM, Medical Director, other treatment staff. This meeting will be documented and a record held by the Supervisor and appropriate staff as necessary.
  7. If appropriate an administrative follow up meeting could occur to discuss process Outcome and feedback on how to make the process more effective in the future. Supervisor will be responsible for follow up with staff for redirection as directed by COO.
- C. If the third party that is threatened is a minor or is considered incompetent by other than age, the worker must:
1. Follow the steps in B2 above.
  2. Communicate with the Department of Health and Human Services
  3. Communicate with the parent or legal guardian, whoever is appropriate in the best interest of the minor.
- D. In all such cases, treatment must be continued. Documentation must be comprehensive and concise, giving rationale for every decision.

**VI. ATTACHMENTS**

None

**VII. REFERENCES**

Michigan Mental Health Code, Section 330.1748, 330.1748(a). 330.1946.